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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

15 March 2003

RPSGB votes to develop new Charter

Amend current entry controls say patients

UniChem sees 13pc increase in profits

Brush up your awareness of allergies

The personal service you want, when you want it.

GSK's Territory Business Managers are working with Raygale Pharmacy. They could be working with you!

GlaxoSmithKline Consumer Healthcare Territory Business Managers are the 'public face' of GSK's service to pharmacies, helping them get the best results from the key OTC medicine categories. Ann Shirley, Pharmacy Manager at Raygale Pharmacy, Low Fell, talks about how GSK's TBM Andrew Holmes has enabled Ann and her staff to provide a stronger non-NHS offering for their customers.

Telemarketing

Q: And tell us about Raygale, Low Fell.

A: We're a standard pharmacy in a prosperous suburb of Newcastle, and part of Lloyds Pharmacies in the Northeast.

Q: What are your most important non NHS product categories?

A: Smoking control, sore throat, oral care, pain, hay fever and allergy, cold and flu, stress and sleep and stomach.

Q: What product categories does GSK help you with particularly?

A: Smoking control with NiQuitin CQ, pain with Solpadeine, hayfever and Piriteze, and the cold and flu range.

Q: How does your TBM help you and your staff on his visits?

A: Andrew helps with merchandising and pricing, checking dated product and rotating stock as required, and keeping records so we have the best stock level. He also organises PharmAssist training sessions for us with the other Raygale pharmacies and the local medic reps.

Q: How did you feel the merger would affect your business?

A: We didn't expect things to change, and they haven't. Our service from the merged GSK is still excellent!

Q: How often does Andrew call now?

A: Every two weeks, and we can always contact him in between if necessary. He often drops in to see how we're getting on.

Q: How does GSK's TBM service stand out from other companies?

A: GSK are easily accessible and give us excellent training. The PharmAssist courses are available to all our staff. Andrew gives us total reliability of contact and continuity of visits. We get noticeably less reps' visits these days, and a lot more telesales calls.

Q: Finally, could GSK make any improvements to the service you get from our TBM?

A: Two: we get excellent service and training from Andrew. And GSK's other support such as telemarketing meets our needs fully too.

Q: Is the level of product and other information you get from Andrew enough for you and your staff? Is the information presented extensively and clearly?

A: I'd say a definite 'Yes' to both!

Q: How responsive is Andrew to your business's needs?

A: He takes a great interest in us and he's excellent at communicating everything we need to know.

Pharm Assist

Pos

Smoking Control

Q: How do you rate GSK's point of sale material?

A: GSK's POS is excellent. It increases awareness and stimulates sales. We also have a large window where we place large display boxes of Solpadeine and NiQuitin CQ.

Q: How do you rate GSK's briefings about major NPD launches?

A: I'd say we're briefed satisfactorily, and with plenty of notice.

Q: How were you briefed about the launch of Flixonase Allergy Nasal Spray, which goes live in April, and are you satisfied you know all you should?

A: Impeccably. We know everything about Flixonase already. Andrew came in and did a presentation to the staff. Afterwards he gave me a summary of the key points on people we weren't there.

Q: Does the TBM keep you posted about wholesaler promotions?

A: Yes. Andrew tells us through all the special offers and promotions coming up, so we have plenty of stock at the right time.

Q: When did Andrew start visiting you?

A: Before the GSK merger, when he was with SmithKline.

All GSK's TBMs are graduates and undergo extensive training, including the PAGB's OTC Healthcare qualification. If you would like your local GSK territory Manager to visit, call 0845 762 6637.

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This

Pharmacy

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Features

RPSGB to consult over new Royal Charter

The Royal Pharmaceutical Society's Council voted unanimously to seek a new Royal Charter at a special meeting held last Wednesday.

In a statement issued this week, the Society said: "The Council decided that the 1953 Charter is now out of date in a number of aspects and that merely amending it would not make it fit for the future."

In addition, the Council recognised that if it did not address this situation, the Government would be likely to act on the Charter through legislation, "effectively overwriting it and leaving the current Charter obsolete".

RPSGB president, Marshall Davies, described the resolution as "perhaps the most significant decision for the Society in 50 years". He added that a new Charter would allow the Society to "pursue and develop its role as a professional leadership body".

Marshall Davies: "most significant decision in 50 years"

At an informal session prior to its meeting last week, the Council was told that being governed by both Charter and legislation gave the Society greater flexibility and autonomy, allowing it to carry out a broad range of activities, provided they did not conflict with the public interest.

However, the current Charter is deficient in a number of ways and requires updating in tandem with the new legislation being sought by the Society, the Council was informed. At the Council meeting, Mr Davies said that the issue now was whether the Council wanted the powers of the Society to be largely confined to legislation, which the parliament of the day would determine, or whether it wanted to see the profession continue to be self-regulated with powers derived from Charter and legislation.

RPSGB members, along with other key stakeholders, will be consulted on the new Charter's content over the next two to three months, through extra funded branch talks, a road show and meetings with stakeholders.

Background

The Royal Pharmaceutical Society is governed by both its Charter and legislation, each of which confers a range of powers and duties.

However, the Society believes that both need updating in order to reflect its dual regulatory and professional roles in modern day practice.

The Health Act of 1999 has introduced a route for reform through an 'Order in Council'. This is a statutory instrument made under powers in Section 60 of the Act, which can be used to reform the regulatory aspect of a range of health professions, including pharmacy.

However, it is important to note that the Order can also be used to introduce powers, which would supersede the Society's Charter.

So to ensure a degree of self-regulation, the Society considers it essential that the Charter be updated in tandem with any new legislation to avoid the danger that legislation would be developed in a way that would leave the current Charter as an historical artefact.

View from the inside...

The aim of the reform programme is to create a modern, effective and efficient regulatory and professional body for pharmacy, said the Royal Pharmaceutical Society's secretary and registrar Ann Lewis.

However, a number of changes are required to implement the programme of reform, she said.

"Some of those changes can be achieved through a Section 60 Order under the Health Act [while] others might be more appropriately achieved through a new Charter," she said.

"What we are looking for is a Society that's fit for the future, and we are working on a set of proposals to put to the Government covering four main areas: registration and CPD, governance and constitution, fitness to practice and the Council's working on the registration of support staff."

But the ultimate aim is to "integrate the powers the Society has under the Charter and legislation", she added.

Turning to the current Charter, Miss Lewis said that although it has its merits, it is a 50-year-old document and is out of date in a number of respects.

For example, under current provisions there is a need to seek Privy Council approval for all byelaw changes, which limits the Society's ability to regulate its internal affairs. Also the focus on advancing the science of chemistry is no longer appropriate because many of today's medicines are derived from biological sciences, and the provisions relating to property are out of date.

Ann Lewis: "an entirely new Charter is needed"

"The Council has decided that just amending the Charter would not make it fit for the future and an entirely new Charter is needed that would serve the profession for the next 25 to 30 years," concluded Miss Lewis.

PRACTICE

Prescription charges increase to £6.30

Prescription charges will increase by 10p to £6.30 from April 1.

The charge will be the same in England, Scotland and Northern Ireland but will remain frozen at £6 in Wales.

Announcing the change, health minister David Lammy said: "For the fifth consecutive year we have held the increase to 10p in cash. This is a modest increase which will help maintain the contribution that charges make towards the cost of the NHS."

As in previous years, Ann Lewis, secretary and registrar of the RPSGB, said that the current charging system "is at variance with the Government's stated policy of equal access for all to healthcare services".

Prepayment certificates will cost £32.90 for four months and £90.40 for one year.

LEGAL

Forged script

The NPA is warning of forged prescriptions for Eprex being presented at pharmacies.

The forms carry the name of a doctor in the Plymouth area and have been presented around London and the North West.

The form of injectable recombinant human erythropoietin may be abused as a performance enhancer by sports people.

Suspicions should be reported the NPA Information Department on 01727 858687 ext 3470.

Pictured with Mr Mattock in the pharmacy opened in the 1930s by his parents (and above which he was born) is trade and industry secretary Patricia Hewitt

DTI boss given petition

Patricia Hewitt, the trade and industry secretary with responsibility for co-ordinating the Government's response to the OFT report, has received a petition supporting pharmacy.

Terence Mattock, a community pharmacist within the Leicester City West PCT area, handed the petition to Ms Hewitt, the Leicester West MP. In addition to presenting the petition, which urges the Government to reject the OFT proposals, Mr Mattock gave the Cabinet member a summary outlining how the proposals would adversely affect the present planned distribution of pharmacies.

"I thanked Patricia Hewitt for her interest in pharmacy and the aims of the petition, and assured her there were many more signatures being obtained daily, which would be handed in before the parliamentary debate," said Mr Mattock.

MPs slam OFT report on pharmacy deregulation

The Office of Fair Trading report on deregulating community pharmacies goes against the Government's own planning guidance, a senior Tory MP said on Wednesday as MPs of all parties protested in Westminster over the threat to the profession.

"The OFT report flies in the face of the planning guidance note PPG6 which specifically states that local planners should seek to retain pharmacies in local centres and discourage their expansion in out-of-town centres," said Anthony Steen, Conservative MP for Totnes, Devon.

Mr Steen led a cross-party group of MPs with objections to the report in a Westminster Hall debate, warning that if deregulation went ahead it would mean the closure of both rural and urban community pharmacies.

Mr Steen gave the example of John Burkimsher, a pharmacist in Brixham in his Devon constituency, who last weekend was preparing to go out on a weekly visit to elderly and handicapped customers with their pills.

"He goes out from 4pm to about 7pm on a delivery round. It is this skill and dedication that the OFT will be putting at risk," said Mr Steen.

He said the OFT report also ran counter to the Government's health policy of expanding the role of pharmacies as part of the primary care system.

"I cannot believe that the Government will go ahead with the OFT report," he said. "We need pharmacies to take some of the strain from GPs. If this goes ahead, a lot of pharmacies will be forced to close."

Mr Steen said 80 per cent of the income for pharmacies came from NHS prescriptions and 20 per cent from general products. He accused the OFT of putting the pharmacy service at risk in order to open 20 per cent of their business to greater competition.

"I cannot see how they can accept this OFT report. I don't even see why the report should have been done in the first place. It has been done on the basis of competition but we are not talking about competition – we are talking about the NHS."

Pointing out that Sainsbury's had recently had an application turned down to open a pharmacy in an out-of-town store in Brixham, he added: "We must distinguish between rural and urban pharmacies. It may be that urban yuppies would find it convenient to go to the supermarket when it is open at midnight but, in rural areas, many people cannot get to out-of-town supermarkets."

Since distributing the OFT Action Pack to its 1,200 members, Nucare has had a "phenomenal" response. The pack contains a pharmacist survey; a consumers survey (which has received some 5,000 responses); and petiton forms, which have pulled in more than 50,000 signatures.

Investigation puzzles MSP

A Scottish MSP is "bemused" as to why the OFT has carried out an investigation into the pharmacy market.

Margaret Smith, Scottish Liberal Democrat health spokeswoman and convener of the Scottish Parliament's Health and Community Care Committee, said this week: "The OFT report clearly states that patients as customers currently enjoy easy access and a high quality of service – so I'm left bemused as to why they are carrying out this report in the first place.

"The importance of local community pharmacies, particularly in rural and deprived areas, cannot be underestimated. My major concern is that we treat patients as patients, not as consumers. I suspect the OFT report is in favour of the big supermarkets, as it certainly is not in favour of community pharmacies."

The OFT made a presentation to the HCC Committee on Tuesday. Ms Smith said it was interesting that the report only mentions the word health twice.

Modernisation board report unveiled

Beth Taylor: "I welcome the renewed emphasis on medicines management"

Lack of access to the NHSNet will hinder the progress of all professionals involved in medication, according to a leading pharmacist.

Beth Taylor, regional principal pharmacist at Southwark PCT and a member of the NHS Modernisation Board, made the comments in her contribution to the board's latest report.

Ms Taylor and 29 other members of the board presented their findings to the Prime Minister on Monday.

Ms Taylor also said: "In the last year we have seen huge rises in both the number of prescriptions and the money spent on NHS medicines.

"This reflects the excellent progress we have made in ensuring people get the medicines they need, especially with coronary heart disease, cancer and mental health. But this has also placed pressure on budgets and pharmacy services.

"It is not just that volumes have increased. Services themselves are changing rapidly too. More nurses and pharmacists are now taking on prescribing responsibilities, especially in the management of chronic illnesses.

"I welcome the renewed emphasis on medicines management and the work of local collaboratives in regularly reviewing patients' medication and improving their understanding and use of their medicines.

"NHS Modernisation Board meetings have illustrated very clearly that, to achieve our aims, all the diverse professional groups have a part to play.

"In 2003 I hope to see more use of community pharmacies to improve access to medicines for minor illness."

The full report also includes an example of the extended role of a pharmacy technician, Dawn Oliver, at the St George's Hospital in Morpeth.

The board's full conclusion was that the *NHS Plan* is on schedule but there is still a long way to go.

"Capacity problems remain. The building blocks are there and the culture of the NHS is changing," it says.

"With extra resources about to come on stream we feel confident that fast and effective progress can be made. The patient-centred NHS, once a distant ambition, is now drawing visibly closer."

The report covers the period October 2001 to October 2002.

For more information:
www.doh.gov.uk/modernisationboardreport2003

Robert West, professor of psychology at St George's Hospital Medical School (left) and Dr Hayden McRobbie, research fellow at Queen Mary's School of Medicine and Dentistry (right), debated the relative risks of smoking cessation products at last week's All-Party Pharmacy Group meeting, chaired by Dr Howard Stoate (centre). In particular, they discussed the role of NRT in pregnant and underage smokers and those with coronary heart disease (*C&D, March 8, p38*). The meeting coincided with the launch of PharmacyHealthLink's latest guidance on using PGDs to supply NRT outside the terms of its licence. The document provides information on the suitability of NRT use in pregnant and underage smokers and explains how to set up a PGD, covering aspects such as funding, audit and training. Model templates for both NRT and bupropion PGDs are included in the document, which can be obtained from PharmacyHealthLink (tel: 020 7572 2265 or e-mail *pharmacyhealthlink@rpsgb.org.uk*)

Questiontime

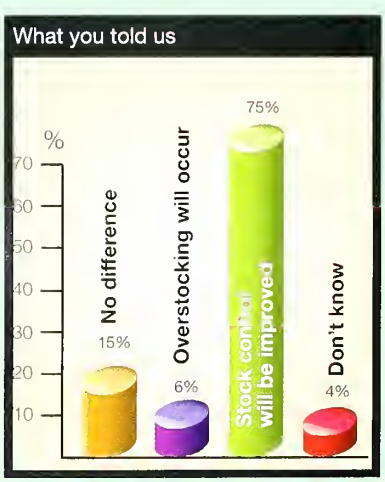
in association with UniChem

Last week we asked you: "How will pharmacies' stock management be affected by the launch of CoMedis offering online transfer ordering?" You replied (see right):

This week's question: The RPSGB is to consult on modernising its charter. What level of awareness do you have about the Charter's role in governing the profession?

- None
- Slight
- Fair
- Good
- Extensive

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on March 18 to cast your vote. We will publish the results in *C&D*, March 22.



MP visits 'No Smoking' pharmacist

A pharmacist whose own efforts to give up smoking inspired him to help others received a visit from his local MP this week.

Colin Iles, manager of the Sydenham Road Pharmacy in Lewisham, said the No Smoking Day activities were part of the national campaign to highlight the many sources of help available to people who want to stop smoking.

MP for Lewisham West, Jim Dowd, visited the pharmacy on Tuesday after hearing about the pharmacy's efforts.

up the anti

Anti-histamine, it's what a lot of people relate to. But histamine isn't the end of the story. What about the rest of the allergy response? What about the whole range of airborne allergy symptoms? Attitudes are changing.

are you antihistamine ☐ or antiallergy? ☑

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What women want is now available for your pharmacy[1]

Research shows that 60% of women with thrush have been waiting for a convenient oral capsule from a brand they know and trust.[1] Now Canesten Oral is here. And with expected pharmacy growth of £5 million,[2] it's a precious new arrival for you too.

Product Information for Canesten® Fluconazole Oral Capsule. Presentation ***Canesten® Fluconazole Oral Capsule*** contains 150mg fluconazole. **Indications**: Treatment of candidal vaginitis, acute or recurrent. Also for treatment of partners with associated candidal balanitis. **Dosage and Administration**: *Adults (16 – 60 years)*: One capsule. **Contra-indications**: Hypersensitivity to fluconazole, related azole compounds or any of the excipients; co-administration with terfenadine or cisapride; pregnancy and breast feeding. **Warnings and Precautions**: Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient: has had more than two infections of thrush in the last six months; is taking any medicine other than the Pill; has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any other chronic disease or illness; is uncertain of the cause of symptoms; has abnormal or irregular vaginal bleeding or a blood-stained discharge; has vulval or vaginal sore ulcers or blisters; has lower abdominal pain or dysuria. In men, medical advice should be sought sexual partner does not have thrush; they have penile sores, ulcers or blisters; there is abnorm penile discharge; penis has started to smell; dysuria. Patients should consult their doctor symptoms have not been relieved within one week. **Side-effects**: Nausea, abdominal pa diarrhoea and flatulence. Rarely rash, headache, hepatotoxicity and anaphylaxis. **Cost**: £12.50 M **Number**: PL 00010/0282. **MA Holder**: Bayer plc, Consumer Care Division, Newbury, Berkshi RG14 1JA. **Legal Category**: P. **Date of Preparation**: February 2003.
References: 1. Data on file, Bayer UK. 2. Data on file, Bayer UK.

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Alliance UniChem fortunes continue to flourish

Alliance UniChem has reported record results for the second year running with group operating profit up 13 per cent to £204.9 million on a turnover up 10 per cent to £8,023m.

The results reflect increased sales and operating profit in all divisions; the acquisition of 94 pharmacies, boosting the network to 1,021 in the UK and Europe; and expansion of the wholesale business.

But the group still faces the challenge of "further economic and political uncertainty" and the issue of entry controls for pharmacy has led it to put the brakes on UK acquisitions.

AU's chairman, Jeff Harris, said: "We are having to wait and see what action the Government will take on pharmacy licensing following the Office of Fair Trading review.

"We have comprehensive plans to deal with the various scenarios that may be finally implemented. When the Government decides on its course of action we will swiftly resume the expansion of our UK pharmacy chain through acquisition and, if regulation permits, through the opening of new pharmacies ourselves."

The company has surveyed its own pharmacies to see whether any were vulnerable. "In the main, the close location we have to doctors' surgeries reduces our vulnerability," Mr Harris said.

The group's retail profits grew 16 per cent on last year to £65.4m with turnover up 35.1 per cent to £972.5m.

In the UK, retail turnover increased 20.1 per cent to £715.8m and the group bought 20 pharmacies and sold five, which brought the UK chain to 782 pharmacies and 62 healthcare-related retail outlets.

Jeff Harris: comprehensive plans

AU is continuing to invest in the UK, refitting 98 pharmacies to the Moss format during the period, and launching a plan to install next generation technology systems across the business.

Mr Harris added: "We will also seek to increase the number of pharmacies which our UK wholesale business serves as a result of any liberalisation of the pharmacy contract system. We do, however, believe these proposals, if implemented in full, carry with them the risk of compromising the national pharmacy service by jeopardising the quality of pharmacy service available from the independently owned pharmacies in the UK."

He recognised that an increase in pharmacies and a dilution of pharmacy buying power would have a knock-on effect on the wholesaling business, but added that, as there is a huge shortage of pharmacists, he did not expect to see significant change in the short term.

Operating profit for the wholesale division increased by 9 per cent to £77.4m in northern Europe and by 5.1 per cent to £73.8m in southern Europe.

Asked about AU's IT venture, Pharmology, Mr Harris said that all internet offers have been disappointing and there has been a slower than expected change of behaviour in both manufacturers and pharmacists. "In time more people will come to use Pharmology," he said. "I think it will become the dominant communications tool."

- AU expects to make an announcement "soon" on the successor to UniChem managing director Chris Etherington.

Scottish expansion

Moss Pharmacy is expanding its representation in Scotland with the purchase of seven pharmacies. The acquisitions give Moss Pharmacy 112 pharmacies in Scotland and 793 in total.

The purchases – six pharmacies in the Alston's chain across central Scotland, and Burrell's Pharmacy in Bridge-of-Don, Aberdeen – are described as being in prime locations, "close to GP surgeries". Moss hopes this will allow it to build stronger relationships with the local healthcare trusts.

"Health centre pharmacies will always have a high value and are unlikely to be affected by competitors" said Alliance UniChem's Jeff Harris.

Yorkline: important statement

Last week we stated that Yorkline had entered liquidation. That statement was incorrect (*C&D March 8, p10*).

Yorkline Shopfitting Group says administrative receivers were appointed due to problems with an associated company. Three divisions were immediately purchased from the receivers, including the pharmacy shopfitting division.

Yorkline would therefore like to take this opportunity to advise customers old and new that all existing deposits and projects will be honoured and completed as normal.

Phil Taylor of Yorkline, can be contacted on 0191 284 7128. Yorkline is now based in Newcastle at Christon Road, Gosforth Industrial Estate, Gosforth, Newcastle upon Tyne NE3 1XD.

Tesco silence over Boots rumours

Supermarket giant Tesco is staying tight-lipped over rumours that it has an acquisitive interest in Boots The Chemists.

Following a report in last Wednesday's *Guardian* newspaper that Tesco was rumoured to have "asked its financial adviser Morgan Stanley to run the slide-rule over the high street chemist", the retailer's press office refused to be drawn.

A spokesman said: "That is pure market speculation and we don't comment on that."

NPA urges health & safety checks in line with new laws

The NPA is urging members to ensure their health and safety policies and procedures meet the latest legislation.

In particular, it is highlighting new rules covering fire regulations and disability access which are being finalised this month.

Xact Consulting, a firm specialising in advising professions, has been appointed as the NPA's promoted supplier to provide the NPA Managed Health and Safety System.

This is a five-stage guide for pharmacy owners explaining their responsibilities as employers and setting out how to implement effective policies. Among the component parts are:

- a personalised health and safety policy
- assistance with risk assessment
- a recording system
- training modules
- a telephone helpline.

Xact Consulting's managing director Duncan Harkness said: "The law applies to all businesses and, if you employ five or more people including yourself and part-time staff, then health and safety policies must be written down." In addition, he warned that more retail premises are likely to be inspected as the Health and Safety Commission has warned local authorities to improve visit rates and enforcement.

For more information:

www.npa.co.uk

Tel: 01727 868587.

Merck moves into Japan

Merck has announced a trademark and patent-licensing agreement between French subsidiary Merck Sante and Sumitomo Pharmaceuticals for the development and commercialisation in Japan of Merck's oral anti-diabetic drugs Glucophage, Glucophage XR and Glucovance.

Numico sells vitamin chain

Dutch food group Numico is to sell its Health & Diet Group to Holland & Barrett for €15.6 million.

The UK-based retail chain comprises 56 nutritional supplement stores under the GNC brand and a wholesale business supplying mainly UK health shops.

Genzyme earnings dip in fourth quarter

Genzyme General has announced a slight drop in fourth quarter earnings to $44.7 million from $45.2m in the same quarter last year.

The biotechnology group's revenues grew 12 per cent in the quarter to $298m from $265.2m the previous year.

Merck buys other half of Banyu

Merck has succeeded in its takeover bid for Banyu Pharmaceuticals, receiving enough tendered shares in the Japanese company to complete the $1.5 billion purchase.

The company already owned half of Banyu.

Cyprotex shares fall following court case

Shares in Cyprotex fell by a fifth last week following the loss by entrepreneur Paul Davidson of a copyright court case, according to a report in the *Financial Times*.

Pfizer brands acquisition lifts Galen's shares

Galen Holdings' acquisition of three Pfizer-branded women's healthcare products has boosted shares in the Northern Ireland pharmaceutical group by 11 per cent.

This $484 million (£310m) marker of the company's continued assault on the US female healthcare market saw shares shoot up last week to 337.5p from 303p.

David Kelly, Galen's senior vice-president, finance and planning, said: "The acquisition adds a lot of scale to the business in the US and we have some upcoming launches there which will be complemented by the introduction of these products."

The medicines – shed by Pfizer as part of a clear out of smaller products – are the hormone replacement therapy Femhrt and oral contraceptives Etrostep and Loestrin, of which only the latter is currently available in the UK.

The mainly debt-financed deal is expected to boost Galen's annual sales by about two thirds.

Galen chief executive Roger Boissonneault said of the deal: "It enhances our growth strategy and fits with our focus on women's healthcare.

"These products are complementary to our existing products, Ovcon, Estrace and Femring, for which Galen recently received an approval letter from the US Food and Drug Administration. They will provide us with a significant presence in women's healthcare and an expanded platform for future growth in this therapeutic area."

The mobile Vet-medic Pharmacy, which has been attending Crufts and other 'small animal' events since 1998, was kept busy at this year's Crufts Show. The pharmacy, which supplies mainly prophylactic endoparasitic treatments for cats and dogs along with a variety of specialist nutritional supplements, also had a high demand for ectoparasitic treatments. Pharmacist Andrew Evans is pictured here advising on the use of worming products in dogs

Stephen Kayne

Ageing captains of industry

By the end of this year more than a quarter of directors in the UK retail chemists' industry will be aged over 60, according to a Plimsoll Publishing analysis.

The *Plimsoll Directors Edition* looks at 3,198 directors and their motivations for staying, leaving or joining the industry.

And the research found that 1,253 'baby boomers' of the 1940s or before have been the backbone of the industry for more than 30 years.

Plimsoll analyst David Pattison said: "Directors are staying at their company out of necessity, pride and even enjoyment. Yet there is no doubt that many of these baby boomers are at crossroads in their lives."

Further information:
www.plimsoll.co.uk
Tel: 01642 626400.

Boots leads Europe in health and beauty

Boots has been named Europe's top health and beauty specialist despite only having coverage in the UK and Ireland.

Mintel's *Health and beauty retailing in Europe* report puts the high street retailer way ahead of its rivals and says it is also "one of the few chains to successfully combine the functions of pharmacy, drugstore, perfumery and cosmetics".

But the research, which studies the sector across the UK, France, Spain, Germany, Italy, the Netherlands and Eire, points out that Boots has been "largely unsuccessful in exporting this [success] beyond its home market". And it highlights the fact that many of the company's health and beauty rivals "are sweeping across Europe into several new markets, all of which is helping to drive their growth".

Mintel says Europe's ageing population, increasing awareness of wellbeing and more affluent consumers are key to the rapid acceleration of the sector.

ComingEvents

MARCH 17

West Metropolitan Branch, RPSGB
Discussion on pre-reg exam and update on asthma and COPD therapeutic strategies, in lecture theatre 208, Civil Engineering Building, Imperial College, South Kensington, 7pm.

MARCH 18

Bury & Rochdale Branch, RPSGB
New antimalarial drugs from plants, by Dr Colin Wright, University of Bradford, at the Village Hotel, Waterfold Business Park, Bury.

East Metropolitan Branch, RPSGB
Malignant haematology today, by Dr Cathy Anderson, at Wanstead Library, 7.30 for 8pm.

MARCH 19

NICPPET
Advanced clinical practice: cardiovascular, at the Fitzwilliam International Hotel, Antrim, 10am-5pm

MARCH 20

Edinburgh & Lothians and Fife Branch, RPSGB
Will you still be competent to practice? at the Hilton Edinburgh Airport International Hotel.

Lincoln Branch, RPSGB
Homoeopathy and alcohol, by Dr Keith Jenkins, at the Lincoln Co-op HQ, Tentercroft Street, 7.30pm

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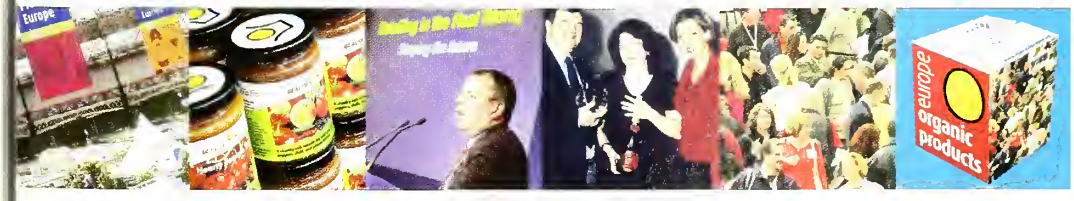

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OFT findings get the order of the boot at PA seminar

Delegates at a Patients' Association seminar to discuss the implications of the OFT report last week voted, by a large majority, to keep the current control of entry regulations.

However, it was also agreed that publication of the report provides the profession with an opportunity to address any problems with the current system and develop the regulations to enhance the community pharmacy service, especially in deprived areas.

The seminar was attended by seven MPs and four representatives from MPs' offices.

Mike Stone, chief executive of the Patients' Association, urged the Government to conduct "thorough and comprehensive research" before any deregulation is implemented. "We strongly advise the Government to consider the continuing need for such regulations, which we believe provide a safety net in terms of access to healthcare services that cannot be guaranteed by the open market."

Lord Borrie QC, former director-general of the OFT and a Labour peer, said: "I do not think we should take risks with the health of the nation. The key public benefit of the current regulations in pharmacy is the ease of access. It is so important to the sick in general and the elderly and sick in particular," he said.

"Deregulation would be a jump in the dark. The risk of less easy access is too great to justify what the OFT is suggesting."

Keep the status quo: Mike Stone, top left, chief executive of the Patients' Association, Polly Toynbee, top right, of the *Guardian*, Andrew Simms, bottom left, policy director of the New Economics Foundation, and Lord Borrie QC, speak up against the OFT's recommendations

If the Government accepts the recommendations then the essential small pharmacy scheme is the only safeguard left, he suggested. "I doubt this is a sufficient safeguard and I urge the Government and the Department of Health to ensure the preservation and continuation of the regulations in some form."

Andrew Simms, policy director at the New Economics Foundation, said it is clear that the knock-on effect of deregulation has not been properly addressed by the OFT.

"The loss of community pharmacies will have a knock-on effect, upsetting the delicate local economic ecosystem," he said.

Polly Toynbee, *Guardian* columnist, told the audience that it is quite difficult to put the argument well and to explain what the campaign against the OFT's report is about.

"Control of entry sounds very much like a restrictive practice," she said. "You have to understand the weight of the argument on the other side. I shall go on fighting for your cause, you deserve to win," she concluded.

MEDICINES

Post-op travel increases DVT risk

People who have had a hip or knee replacement should avoid travelling for long periods after their operation because of an increased risk of deep vein thrombosis and pulmonary embolism.

John Smith, chairman of the All-Party Group on Travel-Related DVT, has warned that travelling for more than three hours up to 90 days after orthopaedic surgery results in a threefold increase in DVT risk.

He is now calling on the Government to change its travel advice to reflect this new research, published in last month's *British Journal of Haematology* by Dr Ander Cohen, a vascular physician at King's College Hospital, London.

Dr Cohen said that thromboprophylaxis treatment following surgery should be extended from the current 10 days to up to four to five weeks after surgery for all patients.

Dr Ander Cohen: advice to patients has changed

RAC wants research into SSRI effects

Antidepressants could be affecting the road safety of up to a million UK motorists, warns the RAC.

In the wake of February's Department for Transport-commissioned report on the topic, the motoring organisation's campaigning arm, the RAC Foundation, has called on the Government to "undertake an urgent investigation into the possible connections between road safety and taking antidepressants".

It warned that the side effects of such drugs can include agitation, aggression, anxiety, dizziness and blurred vision.

The Government report said new generation antidepressants such as SSRIs are expected to be the most commonly prescribed drug treatment for depression in this millennium.

And the RAC said the number of prescriptions for SSRIs (including Prozac) rose by a hefty 732 per cent between 1990 and 1995, and 2001 alone saw a 10 per cent increase on the previous year in the number of antidepressant prescriptions.

The Foundation's executive director, Edmund King, said: "Not enough work has been done on the relationship between the newer forms of medication and driving.

"It is imperative that Government implements the recommendations of its report and undertakes conclusive research about the safety of antidepressant drugs for motorists."

ENGLAND

Out of hours cash boost

The Government has allocated £100 million, over three years, to develop primary care out of hours services.

The Department of Health said that the investment will help PCTs work towards a new vision for integrated out of hours care where "the emergency network is real and fully staffed with GPs, nurses, allied health professionals, consultants, paramedics and pharmacists".

Kill two birds with one tube.

PRESCRIBING INFORMATION
E45 ITCH RELIEF CREAM contains Lauromacrogols 400 (5.0 % w/w) and Urea (10.0 % w/w) **Indications:** For the treatment of pruritic eczema, dermatitis, skin conditions where an antipruritic and/or hydrating effect is required. Can be used for the symptomatic treatment and relief of pruritic skin disorders. **Dosage and administration:** Adults, the elderly and children: E45 Itch Relief Cream should be applied to each affected area twice a day. The duration of treatment depends on the clinical response. **Contraindications:** Patients with known hypersensitivity to any of the ingredients. It should not be used to treat acute dermatoderma, acute inflammatory, oozing or infected skin lesions. **Special warnings and precautions for use:** E45 Itch Relief Cream may cause irritation if applied to broken or inflamed skin. **Pregnancy and lactation:** There are no specific restrictions concerning use during pregnancy. It is not to be used on the breasts immediately prior to breast-feeding during lactation. **Side effects:** E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus, the formation of pustules. Contact allergy has also been reported. **Product licence number:** PL 00327/0122. **Licence holder:** Crookes Healthcare Limited, Nottingham NG2 3AA **Legal category:** General Sales List (GSL). **MRRP:** £3.29 - 50g, £5.29 - 100g **Date of Preparation:** February 2003 EHCSK03-b

CROOKES HEALTHCARE

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Comment from the Editor

Never fight a battle on two fronts. That has been the general advice when planning campaigns. But many pharmacists may feel they do not have a choice – the Government seems intent on hounding the profession into a new regulatory mould, while the RPSGB may be perceived as pressing ahead with its modernisation programme regardless of the views of its members. As for control of entry... Admittedly, the Cabinet has yet to make its views known on the OFT report and there are strong signs that the various Departments of Health are opposing full deregulation. It is rumoured, however, that the Chancellor has a different view – along the lines of a pharmacy cartel – so may yet throw a spanner in the works.

Meanwhile, over at Lambeth, the Society is gearing up to take big steps in shaping the way the profession of the future will be regulated and represented before a health secretary imposes his or her diktat. Consultation with pharmacists on the next phase of modernisation is going to be difficult, since the issues are complicated. Members will have to understand how Council structures, the Society's byelaws and the regulatory framework can be changed to bring the decisions reached over the past 18 months into effect. The options are to modify the existing Charter, introduce a new one, and/or bring in legislative changes. The implications of each need to be explained and understood for an informed consensus.

As a side note, have the implications of the Society's plan for charitable status had a full debate? It may save money, but how will its political role auger with the Charity Commissioners?

The Society claims time is not on its side. The membership needs to see the draft of the new Charter – which is probably a better option than modifying the existing one from 1953 – and be able to thrash it out at the AGM and branch representative meeting. More than ever, the Society has to have the membership's input and support if it is to persuade the Privy Council that the changes it seeks are what pharmacists and the public want.

The Society is gearing up to take big steps in shaping the profession of the future...

Yourviews

Will deregulation open the doors for young pharmacists to set up in business? Probably not, says Mahesh Shah, Nucare managing director

A case of YIPpee or boo hoo?

Mahesh Shah: there will always be insecurity in a deregulated market

Supporters of deregulation claim it will open up the market, letting young pharmacists start from scratch rather than pay goodwill to buy out an existing business.

But take the example of YIP (a young independent pharmacist) who, to set up a new pharmacy, must find a suitable site and whose business plan shows 5,000 prescription items will be needed each month for profitability.

YIP's ideal location is in or very near a GPs' surgery of four or more. But those sites are taken by doctors' in-house pharmacies or existing multiples or independents. One suitable site with a pharmacy next to the surgery and a vacant shop unit in the same parade has a restrictive covenant and the landlord will only allow one pharmacy.

Another site impresses the bank manager but there is concern that anyone can open a pharmacy so higher levels of securities and guarantees are demanded.

YIP gets a shock, though, on meeting the property developer. There are many interested parties. YIP has no trading record and is not able to sustain the costs of fitting out an empty shell; taking on a 25-year lease with upward-only rent reviews on a full insuring/repairing basis; and paying premium rent and service charges.

Finally in business, YIP starts slowly and, working 80 hours a week, finally manages to take a two-week holiday for the first time in three years.

On returning, YIP finds that somebody has been enquiring about opening a pharmacy in the empty shop in the opposite parade...

The point of this scenario is that there will always be insecurity in a deregulated market. Even if a young pharmacist manages to find a location and become profitable, there will always be a danger of new competition.

As the amount of prescription and OTC business is finite and there will be more pharmacies, the average number of prescriptions per pharmacy is likely to drop. There will be lower revenues and margins and higher costs.

Yes, in a deregulated market new pharmacists will be able to open a pharmacy. But the barriers will include getting suitable sites – the existing players with deeper pockets and successful trading records will inevitably secure the best locations. There will be problems with finance as banks look for higher deposits and security. And there will be difficulties in recruiting and retaining staff as demand shoots up. And there will be a cap on goodwill values as, beyond a certain point, a potential purchaser would rather start from scratch.

All businesses have an inherent goodwill value. In a regulated market, pharmacies enjoy multiples of up to six times adjusted earnings or more. I would rather pay this goodwill in a regulated market than tie up about £150,000 in a deregulated one.

INDUSTRY VIEWPOINT

Change is always in the air

In business, standing still is not an option. This well-worn phrase is now being increasingly used in relation to the delivery of healthcare. In reality things rarely stand still, yet those in the driving seat constantly demand a faster pace of change.

The Government is pumping millions in additional funding into the NHS and understandably demanding a return on its investment. Throughout the system – from consultants to GPs, from nurses to pharmacists – every profession is undergoing review.

New contracts are on the horizon incorporating specific targets and measured outputs to justify existence and funding. The Government wants to run the NHS just like a business.

With professional responsibility and retailing activity, pharmacists will continue to face demands to contribute more and, in real terms, cost less. While many pharmacists may think that they have already

... the days of pharmacists being tied to the bench are coming to an end

made the transition to meet the new paradigms, the pace of change can only increase.

Community pharmacy has already undergone significant adaptation and the days of pharmacists being tied to the bench are coming to an end. With new roles and responsibilities, pharmacy is rising to the NHS challenge. Against this background, those who compiled the OFT report are demanding more change, claiming increased competition would be good for consumers. They want to see a pharmacy free-for-all.

Whatever the outcome of the OFT report, if pharmacy is to capitalise on the demands and opportunities of the new NHS, it must adapt, rise to the challenge and never stand still.

Contributed by a senior industry manager

TOPICAL REFLECTIONS

We are not amused... and I'm not Queen Vic

So Barry Andrews, chairman of the Pharmaceutical Services Negotiating Committee, made a joke of being 'spanked' by delegates at the LPC Conference (*C&D March 8, p17*). Well, as one who was 'spanked' by PSNC's agreement to suspend the period-of-treatment fee, I was not amused. And, to add insult to injury, I have also always refused to fund the provision of 'free' monitored dosage systems by requesting seven-day prescriptions.

Perhaps I am the fool. Perhaps I should have selfishly taken every opportunity to feather my own nest because, when it comes to addressing my problems, PSNC has always been singularly unsuccessful. In the crude averaging system that has been the apology for an equitable contract there have always been winners and losers but very few 'average' contractors. Quite frankly, I am fed up with all the excuses. For Barry Andrews to make a joke of failure is inexcusable and I am surprised that his remarks did not immediately elicit a stronger response from delegates.

Certainly, I have little confidence in PSNC's promises for my new contract and expect that the new will be no more equitable than the old. PSNC is desperately holding the fort on the promise of cavalry to come. For my sake, I only hope our hamstrung negotiators can deliver and are not, once again, backing a loser in a one horse race.

Why aren't we all CFC-free?

I am amazed that non-CFC-free salbutamol inhalers are still on the market. I was recently offered these at 97p each when I can buy the environmentally-friendly equivalent at 59p each. The *Tariff* price for both is the same so it would be in my financial interests to convert all my patients to CFC-free.

As it happens, I did this many months ago and have had few problems. If I can do it, so can other pharmacists. The best way forward now would be to discontinue the manufacture of the old inhalers. I am confident that all those predicted enormous problems of transfer will instantly fade into the mists of time.

Making time to play with IT

Computers are now standard in all pharmacies but, for most of us, they still only provide a method of producing labels and a means of storing patient medication information. Very few independent pharmacists actively invest in computers in anticipation of the electronic revolution.

So far, even the most business-minded of us have only seen computers as making our individual shops more efficient, with front shop EPoS, dispensary PMR and office accounting the limit of our vision. But communication is the next quantum leap and last week's *C&D* concentrated my mind on just such a near future.

It coincided with the announcement of the launch of an internet buying platform at CoMedis.com; the NPA's new secure broadband internet service; and a report of the Prescription Pricing Authority conference where electronic prescribing dominated the proceedings and the PPA's chief executive asserted that pharmacies would need to be connected to the NHSnet.

Instant communication via computers is coming inexorably and now is the time to take that quantum leap. The expense is no longer an excuse for prevarication. A machine costing £500 can now run my dispensary and, for very little more and £30 a month, I can enjoy continuous and rapid access to the internet. That £30 is less than the fees I used to pay to maintain my single desktop system. Now they are so efficient that my last on-site three-year maintenance agreement was included in the price of the hardware!

As my number one son so often says, I must learn to play. I will now buy a separate computer system for continuous connection to the internet and learn to use it to simplify my ordering via *www.comedis.com*; to access the latest news daily via *www.dotpharmacy.com* and NPAnet; and impatiently wait for the revolution that will replace the time-consuming paperchase of present day community pharmacy by its instant electronic equivalent.

NPA VIEW

We have the technology

Frances Brown, head of IT at the NPA, sets out the reasons for pharmacists to keep their computer systems up to date

Information technology is developing at a rapid pace, with innovations and new developments appearing every day.

It is interesting that, among the health professionals, pharmacists were early adopters of computer technology by introducing electronic patient record keeping and generating dispensing labels. But some would say that, technologically, we are starting to lag behind other health professionals. However, with all the new developments pharmacists have the opportunity to catch up.

A key factor is NPAnet. The NPA is committed to ensuring that its secure pharmacy intranet evolves in line with developing technology and meets the ever increasing demands of pharmacy. It is contained within a managed, firewalled environment through which dispensary computers may connect to other healthcare stakeholders and service providers, or to the internet itself, with no external risk to confidentiality.

The NPA is trying to convince the DoH that NPAnet is a secure environment that can be used as a means of connecting pharmacists to NHSnet. Community pharmacists also need to be confident that the NPAnet network is totally secure. In fact, such security is a requirement of the RPSGB Code of Ethics.

NPAnet is evolving into a complete resource for community pharmacists. Its content includes NPA news and commentary, together with access to training, practice and regulatory material, all downloadable. Also, an increasing number of services which new technology allows us to provide are being offered and others are planned for 2003.

It is amazing to think that, in the not too distant future, the Information Department will allow members to access its own database (used by the Department's staff to assist with members' queries) which will enable members to get the answers to their questions faster and at any time, day or night. Pilots for this service will start very soon.

Another development is the electronic NPAnet sales catalogue that will enable you to order online and will feature product photographs and pricing that will be updated daily.

To meet the requirements of the Data Protection Act and to ensure confidence from other healthcare professionals, pharmacists need to protect the security and integrity of their data. An easy way is by ensuring a good data backup process. This used to be very cumbersome, involving transferring the data to floppy disks or tapes and filing them. Now, in the online era, backing up, at the click of a button, to a remote secure server, is set to become the norm. Systems such as Pharmacy dataSAFE allow just that.

It is apparent that the more pharmacists use technology, the more convenient it must be to access. Increasingly you will need to be online most of the time and at the same time as you use your PMR systems. This means that you must ensure that the latter are protected from the outside world. This is where Pharmacy Broadband can help – by improving access and protecting the computer from hackers and other unauthorised external access attempts.

Technology has indeed progressed and there is much available for pharmacists to support both the business and professional areas of their work. It is important that we do not now get left behind.

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Costs outpace prices

It's too soon to give up on the tireless British shopper, whose spending has so far kept the nation out of recession. But concern over Iraq, combined with evidence of slowing domestic and world economies and higher taxes looming in April, is likely to sap the confidence of even the most resilient consumer.

A sharp downturn in the housing market would be a further incentive for households to save more and spend less, although the possibility of a sudden collapse of house prices has been lessened by the Bank of England's interest rate cut in February.

However, although the outlook for personal incomes and employment – the underlying drivers of household spending decisions – is relatively benign, consumer outlays won't grow as quickly in 2003 as in recent years. There is a good chance that it will be substantially weaker than last year's estimated 3.8 per cent increase. The CBI's latest forecast points to a rise of just 2.4 per cent this year, slowing to 1.8 per cent in 2004.

In the third quarter of 2002 total household expenditure grew by 0.8 per cent, and at an annual rate of 3.8 per cent. Spending on pharmaceutical products totalled £743 million, at current prices unadjusted for seasonal variations, and £643m at constant 1995 prices seasonally adjusted. These are increases over the second quarter of 3.1 per cent and 1.9 per cent respectively. Compared with the third quarter of 2001, the value of pharmaceutical purchases rose 7.4 per cent, while volumes were up 7.2 per cent.

Figures on retail sales, which account for around 35 per cent of household consumption, indicate that total high street volumes rose by 1.6 per cent in the fourth quarter of last year, and grew 4.9 per cent between 2001 and 2002.

In the three months to January 2003 total volumes were up 1 per cent on the previous three months, and were 4.8 per cent higher than a year earlier. By value, sales grew 3.1 per cent between the two latest three-month periods and by 4.1 per cent on a year ago.

Retail sales of pharmaceutical, cosmetic and toilet goods rose in value by a non-seasonally adjusted 18.1 per cent between the third and fourth quarters of last year, according to official estimates. But compared with the fourth quarter of 2001, sales growth was flat.

Survey figures from the CBI show that sales volumes shrank for a balance of 16 per cent of chemists in January, after a static December. The weakest month last year was October, when a balance of 39 per cent of chemists saw a year-on-year decline; in comparison, the strongest month was February, with growth reported by 68 per cent of businesses.

Evidence from the British Retail Consortium suggests that promotionally-driven baby products, together with fragrances, performed well during January. So-called air care products also sold well. But cough and cold medicines and vitamins had a disappointing month.

In December, perfumes, cosmetics, small electrical goods and confectionery were all reported to have been in strong demand.

Underlying retail price inflation – which omits mortgage interest costs – is expected by most forecasters to stay close to the Government target of 2.5 per cent by the end of this year and in the following year. In January it was unchanged at 2.7 per cent.

The all-items retail price index rose by 2.9 per cent in the 12 months to January, the same rate as in December but sharply up from 1.4 per cent only five months earlier. The price of consumer services rose overall by 4.6 per cent in the year to January, but prices of goods were 0.3 per cent lower.

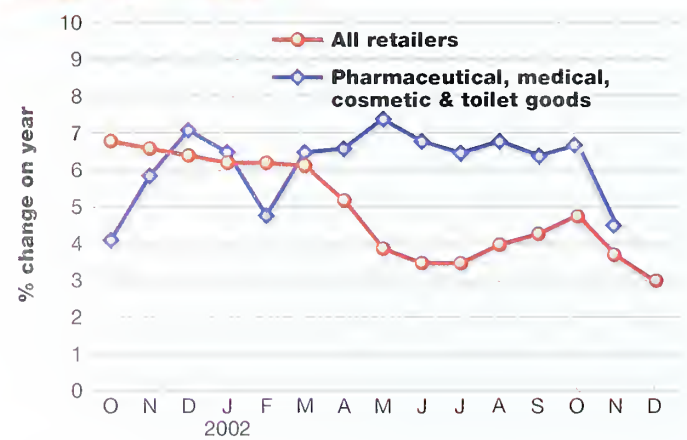
High street prices of chemists' goods fell 2.1 per cent over the year to January 2003, compared with a drop of 1.3 per cent in December 2002. In January 2002 prices of chemists goods rose at an annual rate of 0.7 per cent, but fell year-on-year in 10 months in 2002.

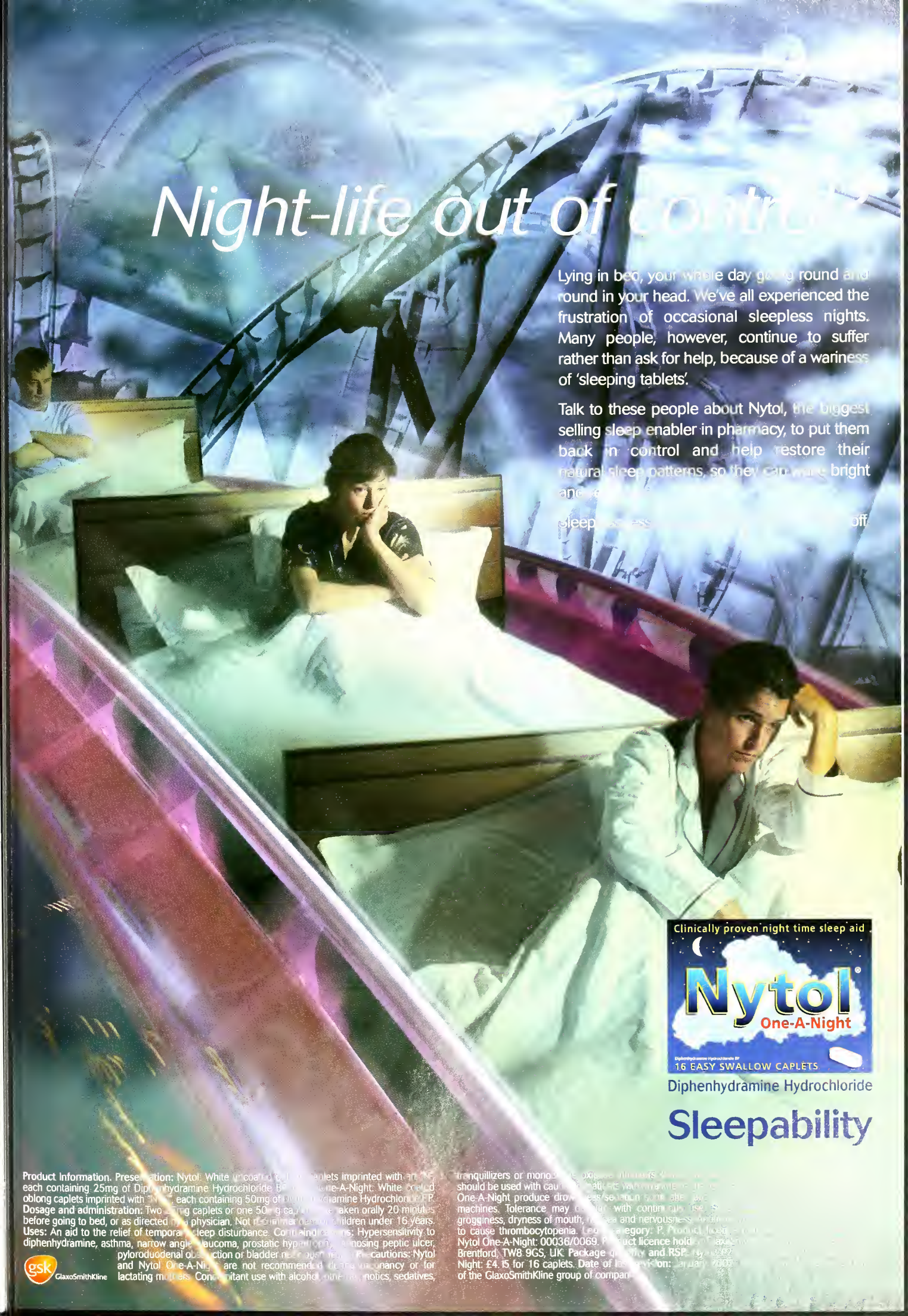
Further back in the supply chain, UK manufacturers' prices of pharmaceutical products are rising at an annual rate of 1.8 per cent, while perfumes and toiletries are up 0.8 per cent. This indicates continuing pressure on retail margins, with little relief in sight.

BUSINESS STATISTICS		% change on previous period	%change on previous three periods	% change on year
PRICES AND COSTS				
All items	Jan	0.1	0.3	2.9
Chemist's goods	Jan	0.5	-0.7	-2.1
PRODUCER PRICES				
Manufacturing industry, excl food, etc	Jan	0.3	0.4	1.0
Chemical industry	Jan	0.6	0.5	2.7
Pharmaceutical preparations	Jan	1.1	1.1	1.8
Perfumes & toilet preps	Jan	-0.4	0.7	0.2
Lip & eye make-up preps	Jan	3.5	11.8	12.5
Dental & oral hygiene preps	Jan	0.0	0.0	-1.9
Shaving preps, deodorants	Jan	0.0	0.1	0.7
Adhesive dressings	Jan	0.3	1.3	3.5
AVERAGE EARNINGS				
Whole economy, incl bonus	Dec	2.9	4.7	3.3
Chemicals, man-made fibres, excl bonus	Dec	2.4	1.4	5.0
OUTPUT				
Pharmaceutical products	Q4	-3.4	-1.9	4.5
Perfumes, cosmetics, toiletries	Q4	3.2	4.0	-2.1
SALES				
Household expenditure (constant prices)				
Total, £	Q3	0.8	2.4	3.8
Retail sales (current prices)				
All businesses	Jan	-29.3	-7.8	3.1
Pharmaceuticals, toiletries, cosmetics	Dec	27.3	43.3	1.1
OTHER BUSINESS INDICATORS				
Consumer credit				
Gross lending (£m)	Dec	2.7	1.1	9.5
Unemployment claimant rate	Jan	0.0	0.0	-3.1
Unemployment claimant count (%)	Jan	-0.4	-1.3	-2.3

Sources: National Statistics, Bank of England and *C&D*

Retail sales





Product Information. Presentation: Nytol: White uncoated caplets imprinted with an N, each containing 25mg of Diphenhydramine Hydrochloride B.P. One-A-Night: White coated oblong caplets imprinted with N1A, each containing 50mg of Diphenhydramine Hydrochloride B.P. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contra-indications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be used with caution. Patients warned that One-A-Night produce drowsiness so not operate machines. Tolerance may develop with continuous use. Side grogginess, dryness of mouth, nausea and nervousness. Rarely to cause thrombocytopenia. Legal category: P. Product licence Nytol One-A-Night: 00036/0069. Product licence holder Brentford, TW8 9GS, UK. Package quantity and RSP: Night: £4.15 for 16 caplets. Date of last revision: January of the GlaxoSmithKline group of companies.

GlaxoSmithKline

Threshold fee sends pharmacists into spin

Pharmacists have harboured a lot of resentment over PSNC's capitulation over script overpayment recovery, the latest *C&D* Quarterly Business Trends survey reveals

When asked whether they would prefer a suspension of the threshold fee for three months, a reduced dispensing fee or reduced professional allowance, the majority of pharmacists polled – 84 per cent – said PSNC should have refused any kind of payment.

Only 9 per cent said they would go for the threshold fee option, 4 per cent for the dispensing fee and 1 per cent for the professional allowance options. Just last month, PSNC decided to ask the Department of Health to reinstate the threshold fee at its existing level (*C&D, Feb 22, p6*).

But when quizzed about the accuracy of the Government's 6.25 per cent estimated increase in script volume, pharmacists have pretty mixed opinions. Around a third feel its estimate is about right, while 37 per cent feel it is too low. Just over a quarter feel it is too high. Just over two-fifths of the pharmacists polled in the survey think that, on balance, the upward volume trend of the past three months will continue into the next quarter.

Pessimism remains rampant in the profession, especially among independents, around half of whom feel that the next 12 months will increasingly bring less and less cheer. Such negativity is especially strong among £1 million-plus turnover businesses and among those based in Scotland and the North East. Of all the retail professions, pharmacists fear pharmacy has the toughest time ahead.

Dissatisfaction over the cut in the threshold fee, as found in this survey, was also seen at the LPC conference last week

Over the past quarter, 23 per cent of respondents say they have been approached to sell their business. Of those that have been approached, only 8 per cent say they have received acceptable offers.

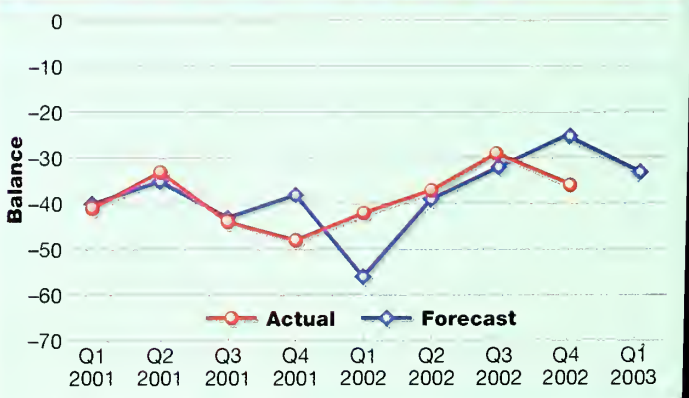
However, of those pharmacists wishing to remain in business, over 90 per cent feel ready to take on the role of supplementary prescriber, albeit with training. Hospital pharmacists are ranked highest as the most ideal candidate for this role, with 39 per cent of 'listed first' votes, followed by primary care pharmacists which come in next with almost a quarter of such votes. Community pharmacists working in/with GP practices come in third (23 per cent) and community pharmacists in their pharmacies last (13 per cent).

At the moment, however, investing in the business seems a low priority for pharmacists, around two-thirds having no stated plans. Of those that are ploughing resources into their businesses, the most popular

Chemist & Druggist Quarterly Business Trends survey in association with

UniChem
Delivering Healthcare

Actual Vs forecast trends in margins



"All businesses report that sales (excluding NHS prescriptions) have been positive over the past three months"

option is to secure broadband internet access, favoured by around one fifth. One in 10 respondents say they are planning a head office computer system while 8 per cent are thinking about in-store flat screen advertising. Loyalty card schemes appear the least favoured option, with only 4 per cent of the votes.

When it comes to complying with the stakeholder pension legislation, most pharmacies have already designated a scheme, and most (61 per cent) feel that employees should be encouraged to plan for their retirement by making regular contributions.

However, over a third of survey respondents feel that compulsory pension contributions are to be avoided and a worrying 16 per cent have done nothing about complying with stakeholder legislation. Company-recommended schemes are the preferred route of 13 per cent of respondents.

Almost seven in 10 of this quarter's respondents work in one-shop independents, almost a quarter of which are based in the South East (24 per cent). Over half of respondents have turnovers in the £500,001-£999,999 bracket and interestingly, independents are not faring significantly worse in business than group branch shops.

The percentage of group branch shops in this bracket is 58 per cent (versus 53 per cent for independents) while 14 per cent of group branch shops come into the £1m-£2m bracket, compared to the 9 per cent of independents.

All businesses report that sales (excluding NHS prescriptions) have been positive over the past three months, a trend which multiples, but not independents, think will continue over the next quarter. Sales have been particularly buoyant in Northern Ireland over the past quarter, with all respondents there reporting an upward sales trend.

Wales, the North West and the South West and North East have also, on balance, had positive quarterly sales (54 per cent, 38 per cent, 25 per cent, 25 per cent, respectively). Pharmacists in Wales and the North West also expect this uplift to continue over the next three months, although their South Eastern and Scottish counterparts are expecting sales to downturn.

The most healthy categories over the past three months have been OTC medicines (up 37 per cent on balance, according to respondents), followed by analgesics (30 per cent) and indigestion/upset stomach remedies (27 per cent).

Among the worst performers have been babycare, cosmetics, fragrances and toiletries, sales of which were down, on balance, 18 per cent, 18 per cent, 17 per cent and 10 per cent respectively in respondents' shops.

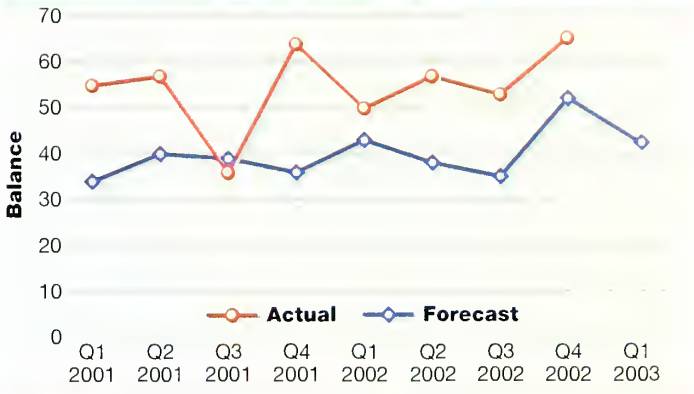
Despite the anticipated arrival of warmer weather over the next three months, the downturn in these categories is expected to continue.

Perhaps, surprisingly, photoprocessing and vitamins are expected to join them in the doldrums, with sales in these categories expected to be down, on balance, in 13 per cent and 2 per cent of respondents' businesses, respectively. Instead, OTC medicines and analgesics are expected to boost sales over this period (+12 per cent and +11 per cent, on balance) although indigestion/upset stomach sales will flatten (0).

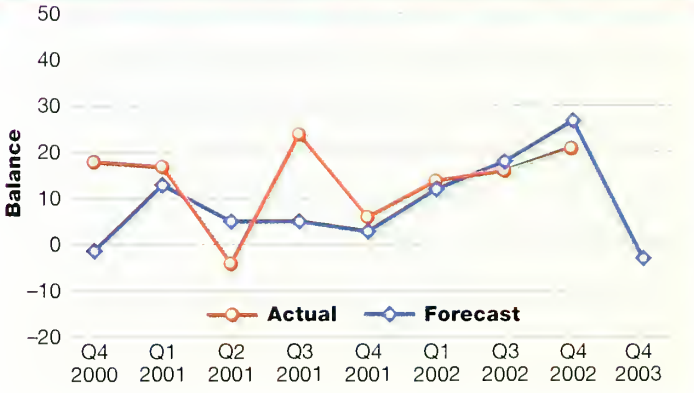
The panel

- Questionnaires were sent out to 500 pharmacy managers, of whom 163 responded.
- Sixty nine per cent were independents, 19 per cent worked in small pharmacy chains with up to 20 outlets, while 7 per cent worked for large multiples with more than 20 branches.
- Eleven per cent of businesses had an annual turnover of less that £350,000. The vast majority (76 per cent) recorded sales of between £350,000 and £999,999, while 11 per cent fell into the above £1 million category.

Actual Vs forecast trends in volume of NHS prescriptions



Actual Vs forecast trends in sales turnover



ABBREVIATED PRESCRIBING INFORMATION FOR HYPURIN BOVINE AND HYPURIN PORCINE INSULINS: PRESENTATIONS: Vials and cartridges containing Highly Purified Bovine Insulin Ph Eur 100 iu/ml or Highly Purified Porcine Insulin Ph Eur 100 iu/ml. **USE:** Treatment of insulin dependent diabetes mellitus. **DOSAGE AND ADMINISTRATION:** To be determined by the physician according to the needs of the patient. Hypurin Bovine & Hypurin Porcine Neutral: By subcutaneous injection; onset of action within 30-60 minutes, duration 6-8 hours. May also be given intramuscularly or intravenously. Hypurin Bovine Neutral may be mixed with Hypurin Bovine Isophane and Hypurin Bovine Lente. Hypurin Porcine Neutral may be mixed with Hypurin Porcine Isophane. Hypurin Bovine & Hypurin Porcine Isophane: By subcutaneous injection; onset of action within 2 hours, duration 18-24 hours. May also be given intramuscularly. Hypurin Porcine 30/70 Mix: By subcutaneous injection; onset of action within 2 hours, duration up to 24 hours. May also be given intramuscularly. Hypurin Bovine Lente: By subcutaneous injection only; onset of action about 2 hours, duration up to 30 hours. Hypurin Bovine Protamine Zinc: By subcutaneous injection only; onset of action after 4-6 hours, duration 24-36 hours. **CONTRAINDICATIONS:** Hypoglycaemia. **PRECAUTIONS & WARNINGS:** Hypurin Isophane, 30/70 Mix, Lente and Protamine Zinc preparations should not be given intravenously. Hypurin Bovine Neutral and Hypurin Bovine Protamine Zinc should not be mixed together. Monitor blood or urine glucose and urinary ketones. Dosage adjustments may be required during illness, infection, trauma, surgery, puberty, emotional upset or periods of increased activity, with liver, kidney, adrenal, pituitary or thyroid disease, coeliac disease and on transfer from other insulin preparations. In severe renal impairment dose reduction may be necessary and the compensatory response to hypoglycaemia may be impaired. Improved blood glucose control may be associated with loss of warning symptoms of hypoglycaemia. Inadequately stabilised patients may not be fit to drive or operate machinery. **PREGNANCY AND LACTATION:** Insulin requirements may be decreased in early stages, increased in second and third trimesters; insulin requirements should be assessed frequently by an experienced diabetes physician. Dose may need adjustment during lactation. **INTERACTIONS:** Insulin requirements are increased by drugs with hyperglycaemic activity (e.g. oral contraceptives, chlorpromazine, thyroid hormone replacement, thiazide diuretics, sympathomimetic agents and corticosteroids), decreased by drugs with hypoglycaemic activity (e.g. salicylates, anabolic steroids, MAOIs, NSAIDs, ACE inhibitors and octreotide) and may vary with alcohol, cyclophosphamide, isoniazid and beta-blockers (which may also mask warning signs of insulin-induced hypoglycaemia). Nifedipine may impair glucose tolerance. **SIDE EFFECTS:** Lipodystrophy or oedema at injection site; hypersensitivity; allergic reactions to preservatives, zinc and protamine. Rarely, severe acute oedema, most often on initiation of therapy. **PHARMACEUTICAL PRECAUTIONS:** Store between 2°C and 8°C; do not freeze. Cartridges in use must not be stored in a refrigerator. Cartridges and vials in use may be kept at room temperature (maximum 25°C) for four weeks. Restrict use of each vial to a single patient. **PACKAGE QUANTITIES AND COST:** Hypurin Bovine Neutral or Isophane: 10 ml vials: £18.48, 1.5 ml cartridges (5 pack): £13.86, 3 ml cartridges (5 pack): £27.72. Hypurin Porcine Neutral or Isophane: 10 ml vials: £16.80, 1.5 ml cartridges (5 pack): £12.60, 3 ml cartridges (5 pack): £25.20. Hypurin Porcine 30/70 Mix: 10 ml vials: £16.80, 1.5 ml cartridges (5 pack): £12.60, 3ml cartridges (5 pack): £25.20. Hypurin Bovine Lente or Protamine Zinc: 10 ml vials: £18.48. **LEGAL CATEGORY:** POM. **PL NUMBERS:** Hypurin Bovine Neutral: vials 4543/0203, cartridges 4543/0366. Hypurin Bovine Isophane: vials 4543/0196, cartridges 4543/0367. Hypurin Bovine Lente: vials 4543/0214. Hypurin Bovine Protamine Zinc: vials 4543/0199. Hypurin Porcine Neutral: vials 4543/0370, cartridges 4543/0373. Hypurin Porcine Isophane: vials 4543/0371, cartridges 4543/0374. Hypurin Porcine 30/70 Mix: vials 4543/0372, cartridges 4543/0375. **PRODUCT LICENCE HOLDER:** CP Pharmaceuticals Ltd, Wrexham, LL13 9UF. Date of last revision: January 2003.

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Dr Rie Suzuki and *Professor Anthony H Dickenson*, neuropharmacologists at University College London, explain the causes and treatment of neuropathic pain

Neuropathic pain

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1265), in association with multiple choice questions being published in C&D April 5, provides one hour's continuing education

- To be aware of the causes of neuropathic pain
- To be aware of the symptoms and how they differ from other types of pain
- To know how neuropathic pain is diagnosed
- To understand the rationale behind treatments
- To know what to advise patients

Pain involves activation of peripheral nerves. Information relating to the noxious stimulus is transmitted to the spinal cord in the form of action potentials. When these impulses arrive in the spinal cord, neurotransmitters are released and activate spinal neurones.

In this way, the information is processed and relayed to higher centres of the brain that are responsible for integrating the sensory and affective components of pain. The brainstem can, in turn, send projections to the spinal cord to further modulate sensory information.

Pharmacological agents alter this electrical and chemical activity to reduce the sensation and unpleasant psychological events that are pain. Injury to a peripheral nerve sets off a number of changes that can spread throughout the nervous system and lead to symptoms of neuropathic pain.[1]

Neuropathic pain

There has been a growing interest in pain research, particularly in the field of neuropathic pain. Over 500,000 people in the UK are thought to be affected. The prevalence of neuropathic pain has significant implications; not only does it affect general health and quality of life, it can have major social and economic impact.

Neuropathic pain is defined as pain arising from disturbance of function or pathological change in a nerve. If it affects just one nerve, it is called mononeuropathy; if the damage or dysfunction is diffuse and bilateral it is termed polyneuropathy. If the lesion or dysfunction is in the peripheral nervous system, it is called peripheral neuropathy. This contrasts with central neuropathic pain, which is normally caused by a lesion of the spinal cord or brain, such as after trauma and stroke.

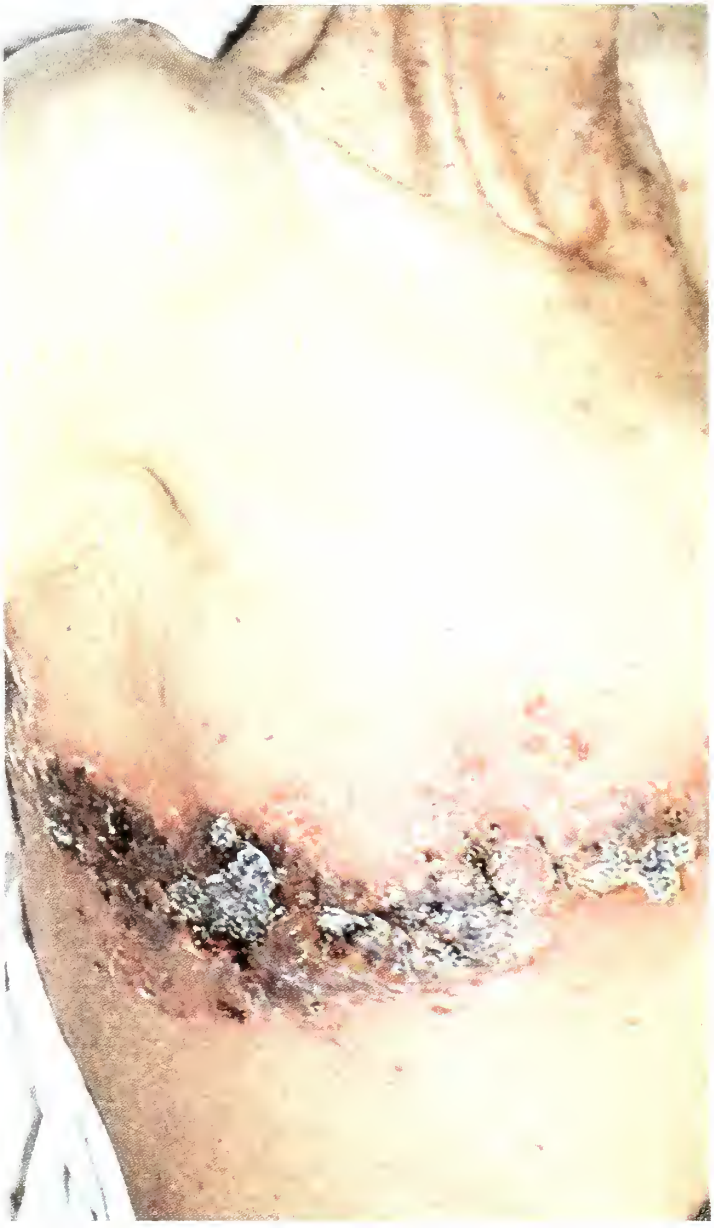
Most patients with neuropathy do not suffer pain, but those who do (about 20 per cent) exhibit a wide range of symptoms that can occur in various combinations. The pain is often persistent and can last for a considerable length of time, from years to decades. The existence of multiple kinds of abnormal pain sensations suggests that more than one mechanism underlies this clinical condition.

Neuropathy is often characterised by hyperphenomena such as allodynia (perception of pain to a normally innocuous stimuli), hyperalgesia (enhanced pain sensitivity to a given noxious stimulus) and spontaneous pain.

Allodynia can present major problems. Three common forms are static mechanical, dynamic mechanical and cold allodynia. Patients with these symptoms may suffer severe pain after light pressure (such as clothing), air movement and changes in temperature.

Hyperalgesia can also result from mechanical and thermal stimuli. Spontaneous pain is defined as pain arising from no detectable stimulation; this can be continuous (steady and ongoing) or paroxysmal (occurring in bursts, episodic and intermittent). As nerves are damaged, it is common for sensory examination

Continued on page 26 ▶



A patient with shingles. The herpes virus is a cause of peripheral neuropathy

to reveal discrete areas of sensory deficit/loss as well as the positive painful sensations.

Causes and symptoms

Peripheral neuropathy can arise from a wide range of causes including trauma, surgery, chemotherapy, alcoholism and various diseases such as diabetes, shingles, AIDS and cancer.

Trauma and surgery can directly damage a nerve (through compression, entrapment, section, bruising, stretching). Discs and vertebrae can shift and compress nerves, as in sciatica. Uncontrolled diabetes can lead to vascular changes that impair nerve function. The herpes and AIDS viruses gain access into the peripheral nerve and lead to dysfunction. Growth of a tumour can compress a nerve but some cancers grow within the nerve.

In all these patients, the symptoms are similar, suggesting that the mechanisms of neuropathic pain can be induced by variable causes.

Treatment

The treatment of neuropathic pain is often difficult, because of the multiple underlying mechanisms. Hence a multidisciplinary approach is required.

The first-line treatments include drugs such as tricyclic antidepressants (amitriptyline, imipramine) and anticonvulsants (carbamazepine, lamotrigine and gabapentin). However, the use of these agents can be associated with dose-limiting side effects, which remain a problem in some patients.

More recently, the novel anticonvulsant, gabapentin, has become widely prescribed for neuropathic pain states, in particular for the treatment of postherpetic neuropathy and diabetic neuropathy, partly because of its favourable side effect profile. Other agents shown to be effective in some situations include local anaesthetics (sodium channel blockers) such as mexiletine and lignocaine.

Capsaicin creams may have weak efficacy in postherpetic neuralgia and diabetic neuropathy, but in the former should be used only after the lesions have healed.

There are mixed opinions on the effectiveness of opioids in neuropathic pain, and opioid sensitivity may vary immensely between individuals. However, when given via the appropriate route, it can produce adequate analgesia in at least a proportion of patients and evidence is accumulating to support this view.[2] Careful titration of drug dosage is therefore crucial; inadequate dosing can result in a failure to observe a relevant analgesic effect. Thus the variability in the patient's response to a drug treatment may depend on multiple factors, including the origin or cause of the pain, duration of the pain, route of administration and dose of the drug.

Meta analysis of the published literature on agents used to treat neuropathic pain[2] shows that amitriptyline, gabapentin and carbamazepine have equal effectiveness but only one in three patients gain 50 per cent relief (for example, a reduction by half in the pain score, measured using a pain rating scale, often 0–10).

Although there is no published literature, it is clear that many clinicians will use more than one agent in order to improve treatment.

Rationale behind treatments

Clinical studies have not as yet addressed the relationship between the alleviation of symptoms and individual drugs, although broadly speaking carbamazepine is used for trigeminal neuralgia and shooting pains, and amitriptyline for burning pains.

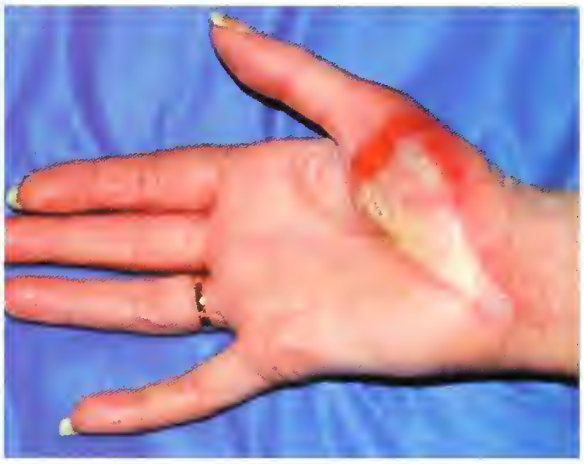
However, patients with diabetic neuropathy have both burning and shooting pain, and amitriptyline attenuates both in this particular case. Gabapentin appears effective against several symptoms but much more work is needed in this area.

As peripheral neuropathy causes changes in the excitability and function of sensory nerves, carbamazepine is thought to act by reducing this activity at the peripheral level, at the site of the lesion.

By contrast, gabapentin probably interferes with the process of neurotransmitter release from peripheral nerves to the spinal cord.

Opioids increase inhibitory function, both in the spinal cord and in areas of the brain involved in sensory processing. Amitriptyline enhances the actions of monoamines (noradrenaline, 5-HT) acting as inhibitory transmitters in pathways from the brain to the spinal cord.

Side effects of carbamazepine include dizziness, nausea, visual disturbances and many others. Because of the dizziness, the dose should be increased slowly. Amitriptyline produces drowsiness, so is best taken before bed, especially in elderly patients where its action can reduce sleep disorders. It can also cause dry mouth. Imipramine is less sedating.



Upper limb neuropathy

At present it is unclear if the newer SSRIs (serotonin selective reuptake inhibitors) such as fluoxetine, with their more favourable side effect profile, are as effective as the older tricyclic antidepressants in the treatment of neuropathic pain.

Adverse effects for gabapentin include dizziness, somnolence and sometimes swelling of the ankles. Opioids can cause nausea, constipation and sedation.

Difference from other pains

How can pharmacists distinguish neuropathic from other forms of pain? A simple definition is "pain in a numb area". Thus a patient may have both pain or unpleasant sensations as well as a sensory loss.

The quality of the neuropathic pain sensation can differ from that of normal pain and patients can report a strangeness to their pain, which has a distinct quality to that experienced normally (paraesthesia). Patients may therefore find it difficult to describe the pain.

If patients complain of pain from contact with clothing, breezes, changes in temperature, then one can suspect allodynia. Allodynia can also arise from sunburn and inflammatory conditions but the accompanying numbness and strangeness of the sensation would suggest a neuropathic cause.

Diagnostic methods

Peripheral neuropathy can be diagnosed through careful sensory testing. This involves testing for responses to mechanical and thermal stimuli, brush and cold. While the diagnosis of some neuropathic pain states is relatively straightforward (for example, diabetic neuropathy, postherpetic neuralgia), others can be more difficult (such as entrapment neuropathies).

Diagnosis of neuropathic pain can be made when the distribution of pain and the associated sensory abnormalities point to a discrete neurological condition.

Recently, the LANSS (Leeds assessment of neuropathic symptoms and signs) Pain Scale was introduced by Bennett[3] in an attempt to aid simple neuropathic pain diagnosis and to provide a research tool to distinguish clinically nociceptive pain from neuropathic pain. The LANSS pain scale relies on the analysis of sensory description and bedside examination of sensory dysfunction.

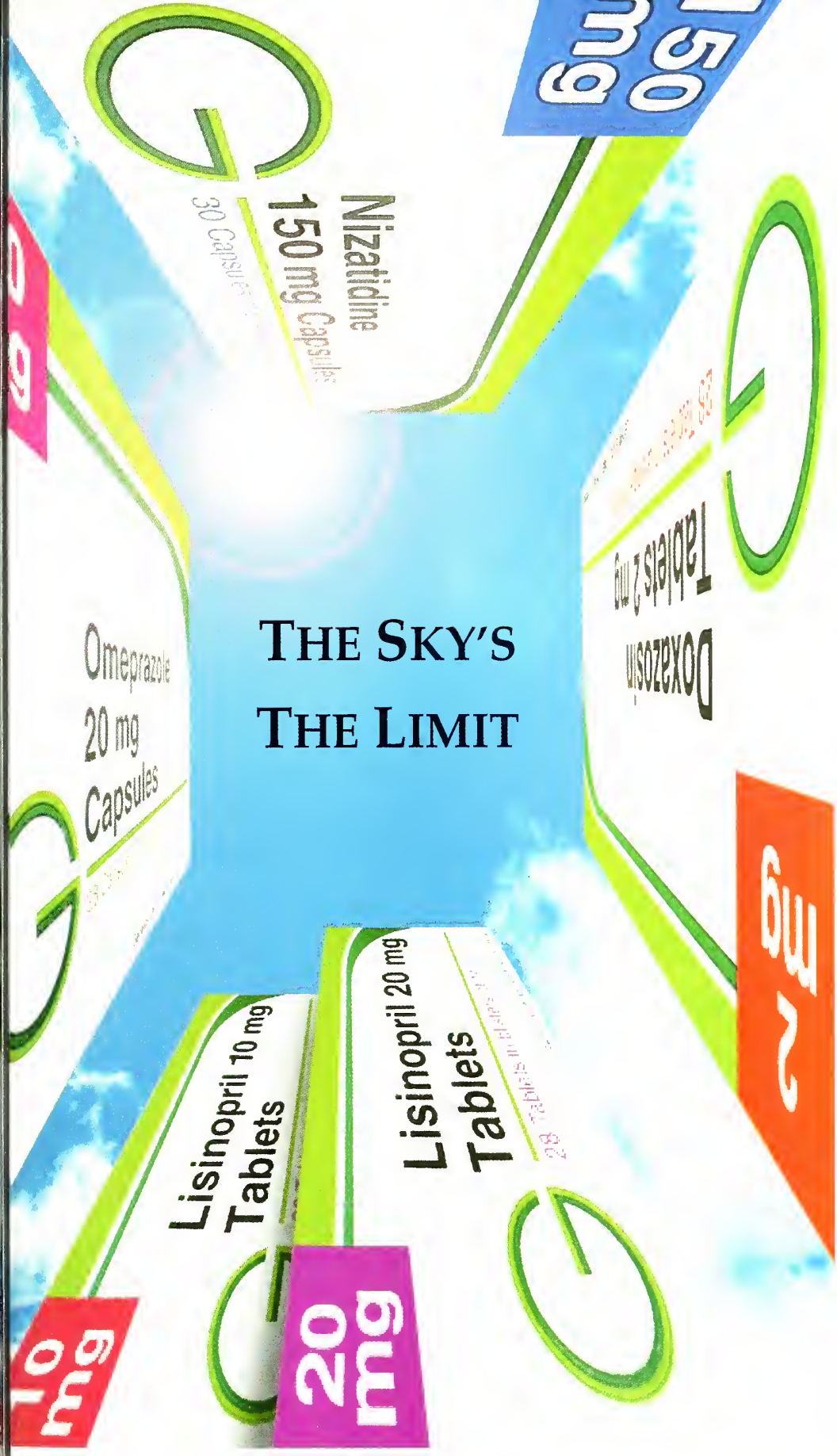
The questionnaire assesses the patient's quality of pain sensation, which may be "strange", "unpleasant", "pricking", "tingling", "pins and needles", or "electric shock-like" in nature. The sensitivity of the skin to mechanical stimuli can be examined by gently stroking the affected area with cotton wool. Pin prick tests are conducted using a 23-gauge needle mounted inside a syringe barrel.

The results from these tests can be scored to assess whether neuropathic mechanisms are likely/unlikely to contribute to the patient's pain.

However, the sensitivity and specificity of this scale is 85 per cent and the scale fails to identify 15 per cent of neuropathic pain patients.

Subjective pain experience in a neuropathic pain patient can be evaluated using the McGill Pain Questionnaire

Continued on page 28 ▶



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(MPQ), which provides a quantitative measure of pain, enabling the patient to describe accurately the quality of their pain (for example, electrical shock, itching, pricking, burning, tingling).

It takes into account the various aspects of pain including sensory and affective components. In addition the patient's psychological status should also be monitored, since chronic neuropathic pain – as with all chronic pains lasting years/decades – can result in patients becoming depressed, anxious and distressed.

When to refer to a GP

Pharmacists should always refer patients to a GP, as early diagnosis may possibly lead to a more successful treatment. Most of the above mentioned drugs are available on prescription, but only gabapentin is licensed for neuropathic pain in general and carbamezepine for trigeminal neuralgia.

Referral to a neurologist or one of the increasing number of pain clinics may be further stages in the treatment of neuropathic pain. Support can be found from the Neuropathy Trust.

Physiotherapy

Physiotherapy can be useful and current thinking is that the patient should use and mobilise the affected area as much as possible. Application of heat or cold may help, especially for thermal allodynia.

There is evidence that psychosocial interventions such as teaching coping strategies, reassurance, giving information and relaxation can all improve the pain.

There is no evidence that homoeopathic treatments are effective and little evidence for a positive effect of stimulation approaches such as TENS. Nor is there any evidence that taking food supplements can help.

Reassurance

Patients need to be reassured that, despite the abnormal sensations they may be experiencing, the causes of neuropathic pain are relatively well understood.

Although signs of external injury are not always visible, the causes involve changes in receptors and transmitters in the peripheral nerve and spinal cord.

Consequently, it should be stressed that neuropathic pain is not uncommon (500,000 people suffer from neuropathy in the UK), and that the problem is not all in the mind and is certainly not a psychological problem. If patients can cope with the pain there is no reason for them not to carry out a normal daily life.

Patients may worry if they realise they are being prescribed drugs that were first introduced for epilepsy and depression.

However, patients can be told that these drugs have specific and proven effects on pain because of common pharmacological mechanisms in the nervous system, and that the antidepressants relieve neuropathic pain at lower doses and independently of any effect on mood.

Side effects with most of these drugs, with the possible exception of gabapentin, will be common but the patient needs patience as dose adjustments to reduce side effects or increase effectiveness may take time.

In people with diabetes, the importance of good control of blood glucose should be stressed from the start because, once the pain is established, it will be more difficult to treat.

Antiviral and corticosteroid treatments for shingles and AIDS, insulin for diabetes and chemotherapy for cancer can all indirectly reduce neuropathic pain by acting on its cause.

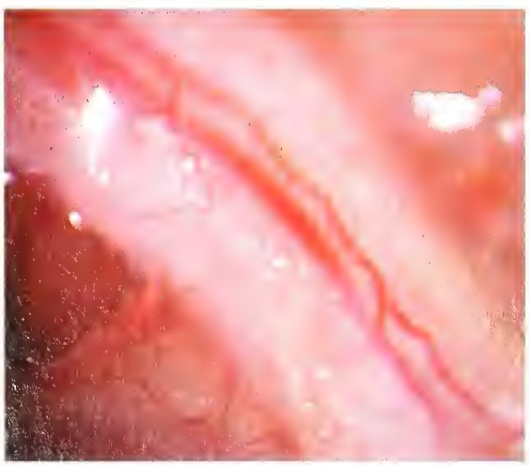
Patients should be advised that different medicines are used to control the cause of the pain and the pain itself, so they must continue their non-pain medications.

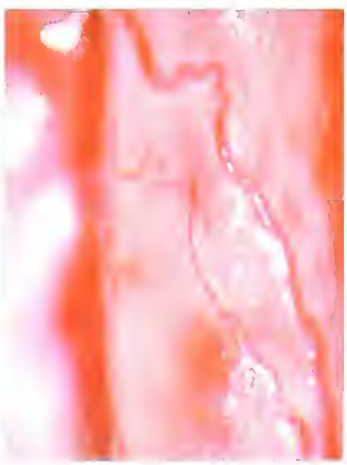
References:
1. Bennett M (2001), The LANSS Pain Scale: the Leeds assessment of neuropathic symptoms and signs. Pain 92, 147-157.
2. Dickenson AH, Matthews EA, Suzuki R (2002), Neurobiology of neuropathic pain: mode of action of anticonvulsants. European Journal of Pain 6, Suppl. A, 51-60.
3. Sindrup SH and Jensen TS (1999), Efficacy of pharmacological treatments of neuropathic pain: an update and effect related to mechanism of drug action. Pain 83, 389-400.

The Neuropathy Trust is at PO Box 26, Nantwich, Cheshire CW5 5FP (www.neurocentre.com or 01270 611828).

Actionplan

1. Revise the gate theory of pain transmission. How does this fit into the pathophysiology of neuropathic pain?
2. Search the literature to identify any new theories on the mechanism of action of topical analgesics. If you find any, how do they relate to neuropathic pain?
3. Read section 4.7.3 (neuropathic pain) in the current *BNF*.
4. Look at the next 50 prescriptions for the drugs mentioned in the article. How many are for the primary indication of that drug and how many for the relief of neuropathic pain (for example, the primary indication of the tricyclics is depression, of gabapentin is epilepsy)?
5. From the prescriptions identified as for treating neuropathic pain, what dose of the drugs was used? How do these doses differ from the primary indication dosage?
6. Try to find out the value of TENS for the relief of neuropathic pain, as the *BNF* considers this approach of value while the article dismisses it as unproven.





Microvascular abnormalities in diabetic neuropathy, right, compared with normal, left

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice questions (MCQ) paper to be inserted in the April 5 issue, which will cover this week's CPP-accredited modules, together with those in the March 1 and March 8 issues. These will cover:

● **Benign breast disorders (1263)** ● **Body basics – excretion (1264)** ● **Neuropathic pain (1265).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. Those wishing to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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Gastrocote News

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Active Ingedients: Alginic Acid BP 200mg, dried aluminium hydroxide gel BP 80mg, magnesium trisilicate BP 40mg, sodium bicarbonate BP 70mg, per tablet. **Indications:** Heartburn including that of pregnancy, reflux oesophagitis, particularly where associated with hiatus hernia and in all cases of epigastric distress with gastric reflux or regurgitations. Also indicated in acid indigestion. **Dosage Instructions:** Adults and older children (6 years and over): one to two tablets to be chewed four times a day, after main meals and at bedtime. Children under 6 years: only on the authorisation of a medical practitioner. **Contra-indications:** None. **Precautions and warnings:** Care should be exercised in treating diabetic patients as the tablets contain approximately 1g of sugar. Each tablet also contains 21mg (0.91 Meq) of sodium, which may be important for patients with a low sodium diet. As Gastrocote tablets contain aluminium hydroxide, use with caution in patients with renal dysfunction or on a low phosphate diet. **Interactions:** None stated. **Pregnancy and Lactation:** Gastrocote Tablets can be used in pregnancy. **Side Effects:** None Stated. **Basic NHS price:** 100 tablets, £3.51. **Legal category:** GSL. **Marketing Authorisation:** PL 11314/0061 **Product Licence Holder:** Seton Products Ltd., Tubiton House, Oldham OL1 3HS. **Distributor:** Thornton & Ross Ltd. Linthwaite, Huddersfield. HD7 5QH U.K. **Date of last Revision:** February 2003.

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T R

LTRAs of benefit in addition to steroids

Two clinical trials published in the journal *Thorax* have shown that the addition of a leukotriene receptor antagonist can provide effective symptom control in asthma uncontrolled by inhaled steroids.

The first study demonstrated that adding montelukast to inhaled budesonide is an "effective and well-tolerated" alternative to doubling the budesonide dose in adult asthma patients uncontrolled on budesonide alone.

The second study proved that, in patients with mild airway obstruction and persistent asthma symptoms, the addition of montelukast improved asthma control.

Professor David Price, lead author of the first study, suggested the benefits of adding montelukast to inhaled steroids may be due to their effects on separate inflammatory pathways.

For more information:

http://thorax.bmjjournals.com

Thorax, 2003: 58 211-216 and 204-210

Aspirin being used too readily

People at low risk of heart disease may be taking aspirin unnecessarily, according to an ongoing American study.

Research presented at the American Heart Association's 43rd annual conference showed that low-risk participants in the Minnesota Heart Survey had increased their use of aspirin for the prevention of coronary heart disease. By 1997, 17 years after the study began, 52 per cent of men and 31 per cent of women in the low-risk group were using aspirin inappropriately.

Those taking aspirin may be placing themselves at unnecessary risk of haemorrhagic stroke, the researchers found. "Public health efforts should be made to ensure that aspirin use is appropriate in low-risk people," they concluded.

For more information:

www.druginfozone.nhs.uk

Adverse drug events 'preventable'

Adverse drug events are common and often preventable amongst older people living in their own homes, according to a study in the *Journal of the American Medical Association*.

Patients over 65, treated by one group practice, were monitored for a 12-month period - equivalent to more than 30,000 person years. During this period 1,523 adverse drug events were identified.

A total of 578 (38 per cent) of these events were categorised as serious, life-threatening or fatal and within this subgroup 244 (42 per cent) were preventable compared to 17 per cent of the other 945 significant adverse drug events.

Preventable adverse events occurred most likely at the prescribing and monitoring stages. Errors involving patient adherence were also a common feature.

The drugs associated with the highest risk of preventable adverse events were cardiovascular (24.5 per cent), diuretics (22.1 per cent), non-opioid analgesics (15.4 per cent), hypoglycaemics (10.9 per cent) and anticoagulants (10.2 per cent).

The authors concluded that prevention strategies should target the prescribing and monitoring stages of pharmaceutical care. "Interventions focused on improving patient adherence with prescribed regimens and monitoring of prescribed medications may also be beneficial," they said.

For more information:

www.jama.ama-assn.org

Scriptlines

Antibiotic-free acne gel out now

Dermal Laboratories has launched a Pharmacy only topical treatment for mild to moderate inflammatory acne vulgaris characterised by the presence of papules and pustules.

Nicam Gel, which contains nicotinamide 4 per cent, should be applied twice daily. Suitable for both children and adults, it can also be prescribed on FP10.

The most frequently reported adverse effect is skin dryness. Less frequent adverse effects include pruritus, erythema, a burning sensation and irritation.

Nicotinamide, the physiologically active form of Vitamin B3, has significant anti-inflammatory activity, however it can take between two to eight weeks before real benefit is observed, says Dermal.

Price: £7.98

Pack size: 60g

Pip code: 292-7317

Dermal

Tel: 01462 458866.

Stiff competition among ED drugs

A third phosphodiesterase type 5 inhibitor for the treatment of erectile dysfunction has been launched this week by Bayer.

Levitra, which contains vardenafil 5mg, 10mg or 20mg per tablet, is set to compete with Pfizer's Viagra (sildenafil) and Lilly's long-acting Cialis (tadalafil).

Adult men should take one Levitra 10mg tablet 25 to 60 minutes before sexual activity, up to a maximum dose of 20mg. It can be taken with or without food, but the onset of activity may be delayed if it is taken with a high-fat meal.

Levitra must not be used

concomitantly with alpha-blockers or with CYP3A4 inhibitors, such as ketoconazole and itraconazole in men over 75 years of age. Also the use of nitrates, in any form, is contraindicated.

Very common undesirable effects include flushing and headache. Common undesirable effects are dyspepsia, dizziness and rhinitis, while uncommon effects include hypertension, abnormal vision and photosensitivity reaction.

Price: *see Price List supplement*

Generic loratadine syrup launched

Alpharma has launched generic loratadine 5mg per 5ml syrup. Available in a 100ml bottle, the Pharmacy only medicine is indicated for the relief of symptoms associated with seasonal allergic rhinitis in children over two years of age.

Further details are available on page 45.

Cool storage delay

Following Aventis Pharma's announcement that Proctosedyl Suppositories should be stored at 2 to 8°C (*C&D, March 1, p26*), the company adds that this does not apply to existing stock.

The revised storage requirement will be applicable to stocks that are due to appear in May, and these packs will have the new storage details printed on them.

In addition, PSNC says that Proctosedyl Suppositories have not yet been added to the ZD list.

For more information:

Aventis Pharma

Tel: 01732 584000.

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PIP Code 272-9945

GlucoMen Glyco
RRP £16.95

£8 (trade price) €13

Who Are Menarini Diagnostics?

- Menarini are the UK Market Leader in laboratory testing for Diabetes
- Menarini have distributed GlucoMen blood glucose meters in the market via Diabetes clinics for 2 years
- Menarini sell over 1 million blood glucose strips a day throughout Europe
- Menarini are now offering a Special Introductory Price for the GlucoMen product range

Special Introductory Offer To Pharmacies

Buy 1 GlucoMen PC for £13 + Get 1 GlucoMen Glyco FREE

Initial Outlay £13 + VAT
Turnover £35.71 + VAT
Margin £22.71 = 63.6%

Margin 63.6%

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- Patient Educational leaflets to support the Pharmacist's advice
- Advertising in all UK Diabetes Publications

£13 (trade price) €20

PIP Code 272-3698

ll customer support is provided free of charge on all GlucoMen systems cluding advice and free replacement batteries.

Contact Menarini Diagnostics for details

www.menarinidiag.co.uk

el (UK): 0800 085 2204
el (Ireland): 1800 509 151
Vharfedale Road, Winnersh, Wokingham, Berkshire, RG41 5RA

A.MENARINI diagnostics

Ocuvite has a new vision

Bausch & Lomb has launched into pharmacies an anti-oxidant supplement formulated to help preserve eye health and maintain vision.

Ocuvite PreserVision contains high doses of vitamin A (as beta carotene 15mg), vitamin C (500mg), vitamin E (400iu) and zinc (80ml).

The supplement has the same active ingredients at the same levels as used in the Age-Related Eye Disease Study (published in the *Archives of Opthalmology* in Oct 2001).

The study highlighted the central role played by free radicals in damaging the delicate retina which is essential for normal vision. In certain high risk groups, the study underscored the role that antioxidants and zinc can play in age-related changes to the macular.

Recommended intake for the supplement is two tablets, twice a day.

Price: £19.99

Pack size: 120 tablets (one month's supply)
Pip code: 293-0725
Bausch & Lomb Tel: 020 8781 2800.

GlucoMen launch into pharmacy

Menarini Diagnostics is launching two blood glucose meters into retail pharmacies this month.

GlucoMen Glyco and GlucoMen PC systems have been available via diabetes clinics for over two years.

The GlucoMen Glyco is an easy-to-use system in four colour combinations. GlucoMen PC features a 350-result memory and the option to download to a PC via an infrared port.

The launch is being supported by a draw for patients to win a trip to Florence (where Menarini is based).

Pharmacists can also win a Florence trip based on meter sales via their retail group or, for independents, their wholesaler.

During the launch, pharmacies have a chance to buy a GlucoMen PC and receive a Glyco free.

Free educational material for in-store patient support is available. A roadshow of tutorials on diabetes and blood glucose monitoring for pharmacists is also planned.

Price: GlucoMen PC £25.00, GlucoMen Glyco £16.95

Menarini Diagnostics
Tel: 0118 944 4100.

No-fuss ovulation test uses saliva

Ecobrands is launching a saliva ovulation test to help women tell quickly and discreetly when their more fertile days are visible.

Calista is designed to be easier and more convenient to use than a urine test.

It features a powerful little backlit microscope the size of a lipstick container which can accurately measure hormonal change from the dried crystalline pattern of saliva.

A sample of saliva is placed on the optical block of the tester.

When allowed to dry, it shows a dotted pattern that indicates non-ovulating days, or a clear fern-like pattern that indicates the fertile peak or ovulating period.

Calista is clinically tested and is claimed to be 98 per cent accurate.

The product can be used repeatedly for more than two years.

Price: £24.95

Pip code: 226-4737
Ecobrands Ltd
Tel: 020 7460 8101.

Rennie on the move

Roche Consumer Health is introducing a portable multi-pack for Rennie indigestion remedy.

The Multi-Pocket pack comprises three roll-shaped 12-packs of original Rennie Peppermint or Spearmint. The packs are designed to be carried in a pocket or handbag.

Roche research shows current Rennie users are not treating their indigestion each time they suffer. "One third of occasions go untreated simply because they don't have a pack to hand," says Pam Kemp, Roche OTC category manager.

The Multi-Pocket pack comes in a shelf-ready display case containing six units so it can be placed onto shelves or hung up.

Price: £2.49

Pack size: 3 x 12
Pip code: peppermint 288-9699, spearmint 288-9707
Roche Consumer Health
Tel: 01707 366000.

Zirtek blows away symptoms

UCB Pharma will support Zirtek with a £1 million national advertising campaign on TV, radio and in women's magazines this year.

The theme of the TV and radio advertising is fast control of hayfever. The TV commercial features a girl shrinking into the grass, being overwhelmed by pollen and growing back to normal size as Zirtek blows away the symptoms.

The television campaign will run throughout May and June on ITV London and Central, Channel 4 England and many satellite and cable channels.

The radio campaign will cover stations in London, Midlands, Manchester, Liverpool and Leeds.

UCB is continuing its sponsorship of the Pollen Forecast website in association with the National Pollen Research Unit and the daily Pollen Forecast on Sky Broadcasting throughout the hayfever season.

A new Zirtek counter display unit is available for pharmacies. The unit is designed to hold the seven-tablet GSL Zirtek pack plus the recently launched 14-tablet pharmacy-only packs.

It includes an eye-catching shelf talker, a window display unit and the brand's pollen leaflets in their own dispenser.

For more information:

Laser Healthcare
Tel: 01202 780558.

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6th & 7th April 03

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Our first ever Big Deal Days event last year was so popular with our customers that we are doing it all over again!

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If you came to the event last year, you are sure to come to this one. If you didn't, then don't make the same mistake twice – these deals really are too good to miss.

Put the dates in your diary now, **6th and 7th April**, for the CBS Genios Big Deal Days at our Garman Road, London N17 head office, just off the North Circular.

New customers are welcome – you may wish to phone 0208 885 8200 to pre-register, or just turn up on the day. You'll be glad you did.

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NATSONS MIDLAND PACKAGING LTD
BARONY UNIVERSAL PACKAGING PLC
JEDMON PRODUCTS (UK) LTD
EMPRESS GARLAND LTD
POWDER & LIQUID PRODUCTS LTD
ACCROL (MIDLANDS) LTD
CARTER PRODUCTS LTD
CROOKES HEALTHCARE LTD
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PFIZER CONSUMER HEALTHCARE LTD
THE MILES GROUP
MS GEORGE LTD
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COMBE INTERNATIONAL LTD
KIMBERLY CLARK LTD
COLGATE PALMOLIVE LTD
CADBURY TREBOR BASSETT
JOHNSON & JOHNSON
GALPHARM INTERNATIONAL LTD
SCA PAPER PRODUCTS
ARDALE INTERNATIONAL LTD
GILLETTE UK LTD
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CASTLEVIEW ENTERPRISES - ROYAL MARKETS
CORSAIR TOILETRIES LTD
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SABRE SUPPLY CO
BEIERSOORF UK LTD
BOSTIK LTD
DENDRON LTD
STARION INTERNATIONAL LTD
ACCANTIA HEALTH & BEAUTY LTD
SINCLAIR ANIMAL & HOUSEHOLD CARE LTD

...AND MANY, MANY MORE!

Nivea Visage gives energy

Beiersdorf will introduce a new moisturising day cream into the Nivea Visage range in April.

Nivea Visage Pure Energy has been developed to give the skin an instant energising boost and provide natural looking radiance.

The formulation contains apricot kernel oil, vitamin C (sodium ascorbyl phosphate), magnesium, calcium and vitamin E. It also includes a UVA/B filter system and light reflecting elements to brighten the skin tone.

The cream is suitable for all skin types and is dermatologically tested.

Price: £7.99

Pack size: 50ml
Pip code: 293-5393
Beiersdorf UK Ltd
Tel: 0121 329 8800.

Numark extends its allergy range

Numark is extending its own-brand range of hayfever and allergy products.

New in the range are Cetirizine Hayfever Relief 30s, Loratadine Non-Drowsy Allergy Relief 7s and 30s, Oxymetazoline 15ml, Allergy Testing Kit and Medibed range of anti-allergy bedding.

Pharmacy support material includes window posters and customer information leaflets written in association with allergy specialist Dr John Rees.

The leaflets contain money-off coupons for allergy testing kits and anti-allergy bedding.

For the launch, each pharmacy will receive a free case of packet tissues to give away with product purchases.

Numark has produced a guide to allergies to help pharmacy assistants offer advice to customers.

Price: From £1.79 for Loratadine Non-Drowsy Allergy Relief 7s to £4.79 for 30s; Allergy Testing Kit £14.95

Numark Ltd
Tel: 01827 841200.

Drink to your health

Optio Health Products is widening distribution of the Optio nutrient juice drink range in pharmacies. The move follows a trial for the 'functional' drink in the M25 area where the range was launched at the end of last year.

Endorsed by top nutritionist Patrick Holford, the juices contain the optimum quantity of nutrients for health rather than the minimum RDA's.

The drinks come in four variants – Shield for the immune system, Tempo for the heart, Charge for the digestion and Tone for the skin.

Price: £1.85

Pack size: 150ml
Distributor: Tree of Life
Tel: 01782 567100.

Ben's family appeal

Ardern Healthcare will launch a family cream into the Ben's range of insect repellents on April 1.

Ben's Family contains 30 per cent DEET in a lightly scented, easy-to-apply non-greasy cream. It is quick drying and, according to the manufacturer, appears to reduce the chances of DEET causing problems with plastics, synthetics and leather. Ardern says the cream is suitable for the whole family from two years and above, providing protection for up to eight hours.

Price: £5.99

Pack size: 125ml
Pip code: 293-7233
Ardern Healthcare
Tel: 01584 781777.

Nytol weathers the storm

GSK's Nytol sleep aid is sponsoring Channel Five's National Weather throughout March and April in a £200,000 deal.

The sponsorship features two 10-second indents, top and tailing the weather throughout the day.

The creative shows a woman being carried across the sky by swans as she peacefully sleeps.

The endline 'Good mornings follow a good Nytol' provides synergy with the recent TV advertising campaign for the brand.

All three variants – Nytol, Nytol One a Night and Nytol Herbal – are featured.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

TV next week

Accu-Chek compact blood glucose meter: C5, GMTV

Bonjela: C4, C5, Sat

Califig: C4

Colpermin: STV, C5

Kalms: C5, Sat

Nicorette: All areas

NiQuitin CQ patch: All areas except U, CTV, GMTV

Nivea for Men Revitalising Q10: All areas

Nivea Hand Q10 Plus: All areas

Nivea Visage Q10: All areas

Oxy: All areas except Sat

PoliGrip: All areas except U, CTV

Ribena: All areas except U, CTV

Sensodyne Total Care: All areas except U, CTV, GMTV

Tena *lady* & Tena *pants* Discreet: All areas except U, GMTV

PharmaSite for next week: NiQuitin CQ – Window, **Ibuprofen Care range** – In-store, **Otrivine** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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Allergic reaction

Working in a pharmacy brings you into contact with many people suffering from allergies. Vanessa Sherwood looks at how you can help

It used to be that the only allergy you would hear about regularly in the pharmacy was to penicillin. It is easy to forget that asthma and eczema, affecting millions of people, have an allergic component.

Nowadays it seems that everybody is allergic to something: generic drugs, different types of food, dust, pets, toiletries and so the list goes on. However, a true allergy leading to anaphylaxis can be fatal and the socio-economic burden caused by allergies should not be under-estimated.

An estimated 20 per cent of the British population now suffer from some form of allergy. Hospital admissions with anaphylaxis increased two-fold between 1991 and 1995.

As the most easily accessible health professional, pharmacists increasingly find that they are being asked to advise on allergies.

What is allergy?

Allergy is defined as an adverse immune reaction to a protein or allergen in our environment that is normally harmless. The reaction is controlled by the Immunoglobulin E antibody which triggers histamine release from mast cells, causing a cascade of inflammation. A process of sensitisation must first take place and only after subsequent re-exposure will an allergic reaction occur.

There seems to be a number of interlinked factors contributing to the rise in allergies including family history, environment – especially when young, early exposure to allergens and the protected, warm western lifestyle with a reliance on domestic heating, antibiotics and processed foods all having a negative effect.

This 'hygiene hypothesis' says that with the improvement in general levels of cleanliness in homes and diets the developing immune system is no longer fully occupied fighting viruses and bacteria and so it reacts against formerly innocuous substances.

If both parents are allergic the risk of allergy in the offspring is 75 per cent; if one parent is allergic the risk is 50 per cent. The risk in the population is 10–20 per cent.

Allergy or atopy?

These two terms are often confused. Atopy means sensitisation has occurred but the person may not exhibit any clinical symptoms. Allergy is when the patient demonstrates clinical symptoms of the disease as well as having a positive response to an allergy test. The allergens should be avoided and treatment given at this stage.

Food – allergy or intolerance?

The real prevalence of food allergy is much lower than that perceived by the public.

A clinical review in the *BMJ* said that about 20 per cent of the population believed they had a food allergy but with a double-blind, placebo-controlled food challenge the actual prevalence was only 1.4 per cent in adults. In children this figure rises to 4 or 5 per cent. However, a larger percentage of patients may have some form of food intolerance but not allergy.

Allergy may take different forms but the typical true food allergy is an IgE mediated reaction leading to a generalised rash, itching, swelling and breathing difficulties.

Gastrointestinal symptoms such as nausea, vomiting and diarrhoea may also occur. Many patients with food allergy develop either a craving for or an intense dislike of the offending food. Delayed food reactions include the development of eczema in children allergic to milk and coeliac disease, as a delayed allergic reaction to gluten in wheat.

Many foods have been claimed to cause allergy but studies have shown that a limited number of foods are responsible for the vast majority of cases. Common trigger foods in children are cow's milk, hens' eggs and peanuts. In adults fish, shellfish, nuts and fruit are the most common triggers.

Cross-reaction can occur between various allergens, such as birch tree pollen and certain foods, eg apple, carrot, potato and peanut. Cross-reactivity also exists between latex and some fruits, eg banana, avocado and kiwi fruit.

Non-allergic food intolerance may be due to pharmacological, metabolic or toxic causes.

Box 1: Who should be tested

- patients who have had an anaphylactic reaction
- patients where the reactions are increasing in severity
- if the allergy is thought to be due to food then it may be necessary to test for food that would be difficult to exclude from the diet, such as wheat
- if the suspected allergen is an important part of the patient's life, such as a pet or occupational exposure, then it should also be identified.

Foods with a high histamine content (mackerel and tuna that may be going off) can provoke a reaction that mimics true food allergy. Tyramine in cheese or red wine may provoke or exacerbate migraine and monosodium glutamate (found frequently in Chinese food) may induce flushing, headache and abdominal symptoms.

Children deficient in the enzyme lactase are an example of metabolic food intolerance.

Toxic reactions to food may be due to contamination by chemicals or bacterial toxins. Also there may be adverse reaction to chemicals and preservatives added to food.

Non-allergic food intolerance usually has a slower onset than a true food allergy and is not usually life threatening. Reactions are also dose related.

Common allergies

More than 90 per cent of allergic sensitivity is due to pollens, the droppings of house dust mites or furry animals. It is rare to find sensitivity to other allergens without sensitivity to one of these more common triggers being present.

These allergens usually cause rhinitis-type symptoms (itching nose, sneezing, runny nose congestion) as well as affecting the eyes which also become itchy, red and watery. However, in atopic patients they may also contribute to eczema, dermatitis and asthma.

Simple avoidance measures and treatment with antihistamines, topical corticosteroids, are extremely effective in controlling rhinitis

symptoms, with minimal side effects. Up to 80 per cent of people with asthma have rhinitis and treating it effectively has been shown to reduce asthma symptoms.

Sodium cromoglycate eye drops are effective for treating and preventing further allergic conjunctivitis.

Recent reports have suggested that the hayfever season will be lasting longer in the future due to global warming. The milder climate expected in the UK will lead to many plants flowering earlier and for longer periods. The Woodland Trust and the National Pollen Research Unit are planning to monitor the effects of climate change on the hayfever season.

Allergy testing

Where possible, an accurate diagnosis of the cause of allergy should be carried out. This ensures that patients can avoid the triggers which cause the symptoms and reduce the chance of further sensitisation.

Identification of the trigger (*see box 1*) will make the condition easier to manage and may improve the quality of life for the patients by reducing the use of unnecessary drug therapy and/or elimination diets, with their implications for the patients' nutritional status.

Even where a test gives a negative result it may help to put the patient's mind at rest.

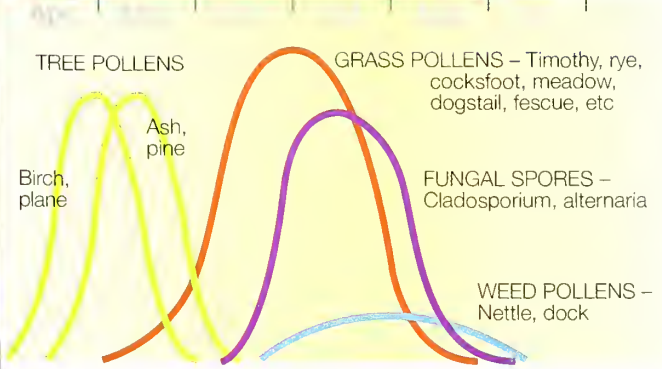
Despite the acknowledged rise in the incidence of allergies there are very few NHS centres in the UK that offer a full, allergy consultant-led service, leading to long waiting lists for allergy testing. The skin prick test is the most widely used allergy test. It is usually performed by applying a drop of aqueous allergen extract on the surface of the skin. The back or the forearm is used and the skin surface is pricked with a small needle. It detects the presence of specific IgE. A positive reaction is observed in 15–30 minutes.

Patch tests are widely used in the diagnosis of allergic contact dermatitis. Eczematous reactions at the site of the application 48–72 hours later show that the patients is sensitised to that allergen. Patch tests are time-consuming and require specialist interpretation.

Blood tests can check for the total IgE level or the presence of allergen-specific IgE. An elevated total IgE and a positive clinical history is a quick and low cost route to determine whether the symptoms are attributable to allergy. Total IgE level increases with age. Serum allergy tests use radioallergosorbent test (RAST) or the CAP-RAST technology, which involves fluorescence.

Continued on page 38 ▶

Pollen calendar for Britain



There are hundreds of specific IgE tests that can be performed, ranging from almonds to squid, and all things in between. Most major hospitals have facilities for allergy testing.

Interpreting results

In adults a normal total IgE level generally excludes significant allergy. However, in patients who have had a severe reaction to a sting, latex or peanuts, or if there are strong clinical indications further testing should be carried out.

Where there is a positive result but a negative clinical history the person is considered to be atopic, so symptoms should be monitored. Where there is a positive result that correlates with the patient's history then avoidance, treatment and management strategies should be implemented.

Pharmacy testing

Dr John Rees, sales and marketing manager for Clinical Diagnostic Chemicals, believes pharmacists have a key role to play in helping to diagnose allergies.

"Recent developments in biotechnology have placed rapid allergy diagnostics into the hands of the pharmacist – based on the synergism of tried and tested technology used in OTC pregnancy tests coupled with RAST laboratory principles. This new generation of allergy tests provides a low cost, accurate and convenient addition to the diagnostic armoury within the pharmacy."

The Imutest detects allergen specific IgE antibodies, requiring only a drop of blood from the fingertip and 98 per cent of patients with a high specific IgE antibody level give positive results. The test is unaffected by antihistamines and can be used at any time of the day or year - the patient does not need to be suffering from allergy symptoms to perform the test. For further information go to *www.imutest.com* or call 01492 573900.

Treatment

Oral antihistamines form the cornerstone of treatment for allergies such as hayfever and urticaria. Stimulated mast cells that release histamine may also release other allergic mediators such as prostaglandins; antihistamines may not therefore abolish all allergy symptoms.

Last summer the *Drug and Therapeutics Bulletin* reviewed the use of the 17 oral antihistamines available in the UK.

It concluded that oral antihistamines can help control the symptoms of hayfever and urticaria and that there is little to choose between them in terms of their clinical effectiveness. Desloratadine (Neoclarityn) and fexofenadine (Telfast) may relieve nasal congestion in hayfever, a symptom that does not otherwise respond to antihistamine treatment. It said that antihistamines were of little value in treating pruritis.

Second generation antihistamines, the 'non-sedating' ones, may still cause sedation in up to 23 per cent of patients and they should be warned about this possibility.

Due to limited experience with the new drugs levocetirizine and desloratadine the *DTB* concluded that the choice of second generation drugs was between cetirizine and fexofenadine. Loratadine was not available at the time (August 2002), although generic loratadine was introduced last year.

Value sales – chemists including Boots

	52 weeks to 30 Dec 2001	52 weeks to 29 Dec 2002	% change
Oral hayfever remedies	£42,512K	£43,004K	+1.2
Nasal sprays hayfever remedies	£9,084K	£8,200K	-9.7
Eye drops hayfever remedies	£5,087K	£5,008K	-1.6
Hayfever remedies	**£56,683K**	**£56,212K**	**-0.8**

Information Resources

Product news

The reclassification of products from POM to P and P to GSL is helping to grow the hayfever and allergy market, according to the latest category report from GlaxoSmithKline.

Last year the allergy market grew 5.8 per cent and at the end of December was valued at £67.7 million.

Key observations from the report include:

- despite low pollen counts and weak peak season sales in 2002, the market is still growing as a result of positive growth out of season and extended distribution from GSL products
- switching - from P to GSL - has been driving the market in grocery and for the 2003 season POM to P switching will boost pharmacy sales. GSK launched Flixonase Allergy Nasal Spray last week (*C&D, March 8, p30*)
- allergic diseases have been on the increase over the past 30 years and this worldwide trend is showing no signs of slowing
- there are 6.6 million adults with hayfever and although a high proportion treat (4.8m) there is potential for further growth.
- the category is highly seasonal, with hayfever generally starting in April, peaking in June and July and trailing off in August. Although 49 per cent experience symptoms in the summer, 39 per cent experience symptoms all year round, and 29 per cent in the spring
- while OTC sales are split 75 per cent seasonal and 25 per cent year-round, prescription sales are 72 per cent perennial and 28 per cent seasonal, suggesting a considerable market opportunity for newly switched OTC products to increase sales throughout the year
- the market is increasingly competitive, with new treatments and products entering the market – however customers are very brand loyal, tending to stay with their product of choice
- hayfever and allergy products are high anxiety purchases and the market is not price sensitive
- pharmacy advice is actively sought by 52 per cent of consumers and pharmacists can play an important role in consumer education.

Top five brands

Clarityn – oral
Piriton – oral
Zirtek One a Day Allergy – oral
Beconase Hayfever – spray
Benadryl Allergy Relief – oral

Information Resources

While hayfever is predictable, seasonal and well understood, other airborne allergies, which can occur anytime, are unpredictable and not so well understood. Pharmacists can direct consumers towards effective symptom management, explain the all-round action of corticosteroid sprays and are ideally placed to assist in correct use of products, especially sprays.

The GlaxoSmithKline range

Keep the kids awake!

Pfizer Consumer Healthcare will be introducing a new children's product into its Benadryl range from the middle of April. Benadryl Allergy Solution, a P medicine, contains cetirizine 1mg/1ml and can be used in children from two years of age. It is licensed for hayfever, perennial rhinitis and chronic idiopathic urticaria.

Pharmacists with a particular interest in allergies can complete a British Allergy Foundation accredited training module, courtesy of Benadryl. Please contact your local Pfizer sales representative for further details.

For more information:

Websites

www.bbc.co.uk/health/allergyconditions
http://bmj.com/all.shtml
www.allergyfoundation.com
www.anaphylaxis.org.uk

Bee prepared

for the hayfever season

Hayfever relief from

STERWIN MEDICINES

Cetirizine dihydrochloride 10mg Tablets: Presentation: White, round, film-coated tablets with a breakline on one side and embossed with AG on the other, containing 10mg of cetirizine dihydrochloride. **Indications: GSL:** Adults and adolescents over 12 years of age: Symptomatic treatment of allergic rhinitis (seasonal and perennial), and chronic idiopathic urticaria. **P:** Adults and adolescents over 12 years of age: Symptomatic treatment of allergic rhinitis (seasonal and perennial), associated allergic conjunctivitis, and chronic idiopathic urticaria. Children 6-12 years: Symptomatic treatment of allergic rhinitis (seasonal and perennial), and chronic idiopathic urticaria. **Dosage and administration:** Adults and adolescents over 12 years of age: 10 mg (1 tablet) once daily. Children 6-12 years: 10 mg per day, in 1 or 2 administrations. Children weighing <30kg: 5mg daily. **Contraindications:** patients with hypersensitivity to cetirizine dihydrochloride or to any of the excipients; children under six years of age; patients with severe renal impairment. **Precautions:** In some patients, long term treatment may lead to an increased risk of caries due to mouth dryness. Impaired hepatic function, renal function. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. May potentiate the effects of alcohol, concomitant use of CNS depressants, caution with use in pregnancy. Avoid during breastfeeding. **Side Effects:** Mouth dryness, headache, dizziness, drowsiness, somnolence in children and adults, agitation, abdominal complaints and digestive disorders. Exceptionally, cases of allergic reactions such as cutaneous reactions and quincke's oedema have been reported. **Pack Size, Legal Status and PLNumbers:** 7's pack, GSL, PL 17780/0203; 30's pack, P, PL 17780/0202. **PL Holder:** Sterwin Medicines, PO Box 611, Guildford, Surrey, GU1 4YS. **RSP:** 7's £2.49, 30's £3.75. Ref: PI/Cetirizine/1/Feb03.

Loratadine 10mg Tablets: Presentation: White or almost white, 8mm round, flat tablets, embossed with a letter 'L' on one side and with a scoreline on the other, containing 10mg of loratadine. **Indications:** For the symptomatic relief of perennial rhinitis, seasonal allergic rhinitis and idiopathic chronic urticaria in adults and in children aged 12 years and over. **Dosage and administration:** Adults and children 12 years of age and over: One 10mg tablet once daily. Elderly: No special dosage recommendations. Children under 12 years of age: Liquid loratadine formulations are preferred for children under the age of 12 years. **Contraindications:** The product is contra-indicated in patients who are hypersensitive to loratadine or any other constituent of the preparation. **Precautions:** Not recommended for use in children under 2 years of age, pregnant or breastfeeding women. Concomitant therapy with drugs metabolised by cytochrome P450 3AL and 2D6 (e.g cimetidine, erythromycin, ketoconazole, quinidine, fluconazole, fluoxetine). **Side Effects:** Sedation and anticholinergic effects, have been observed in controlled clinical studies. Rare reports of fatigue, nausea and headache, tachycardia and syncope, alopecia, anaphylaxis, abnormal hepatic function and supraventricular tachyarrythmias. **Pack Size, Legal Status and PL Numbers:** 7's pack, GSL, PL 17780/0165; 30's pack, P, PL 17780/0164. **PL Holder:** Sterwin Medicines, PO Box 611, Guildford, Surrey, GU1 4YS. **RSP:** 7's £2.74, 30's £3.99. Ref: PI/Loratadine/01/Feb03. **Date of Preparation:** February 2003. **Ref:** STW055

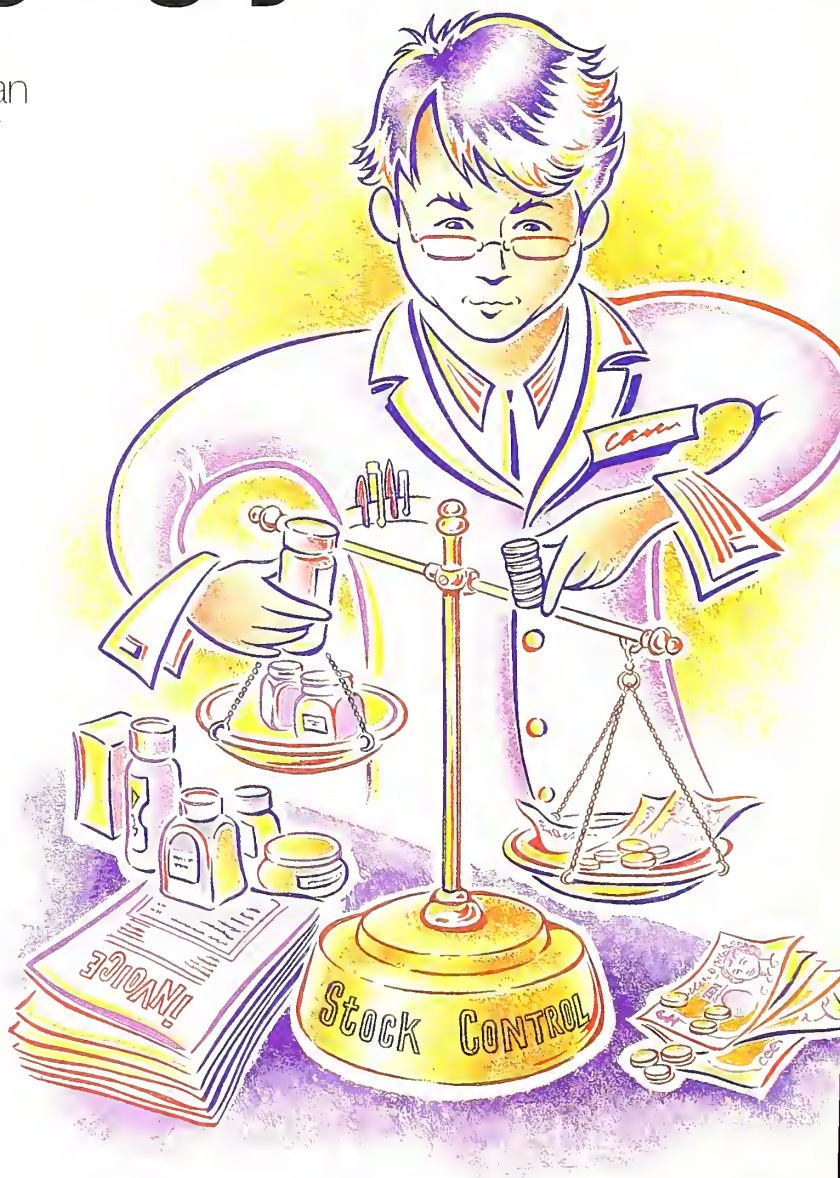
ster/bf/v1

AAH

This is the fifth in a series of 10 accredited features taken from the forthcoming book, *Mind Your Own Business*, written by Dr Terry Maguire. This feature is a summary of the chapter on stock management. The next feature will look at staff management issues and will appear in the April 19 issue of *C&D*. The book, *Mind Your Own Business*, which is supported by Vantage Pharmacy, will be distributed to subscribers with *C&D* later this year

Managing your stock

Stock management is an essential component of successful business management, says Dr Terry Maguire



Getting a product to the customer is one of the four Ps – place – in the marketing concept. Place is more than simply delivering the product to a point where the customer can buy. It involves the efficiency with which this is done, and motivating the customer to purchase. This means stock management and merchandising, both essential components of any successful business. Stock management means controlling goods when they are:

- ordered and received
- priced and stored
- placed on sale (merchandised)
- broken, damaged or pilfered
- sold or returned for exchange or credit.

A comprehensive system of stock management must be in place to control each step. Sadly many of us fail to do this. Any such system must be simple to operate, practical, inexpensive and economical in terms of time and labour.

More importantly, the system must be continuously managed to ensure that it works. The system must provide for clear areas of responsibility for all staff, and regular assessments. In short, what is needed are standard operating procedures (SOPs).

One of the aims of stock management is to ensure that, as far as possible, the throughput – or stock turn – in each section of the shop plays its proper part in the overall success and profitability of the business, and that no one section is out of proportion to the others.

Purchases, sales and stock holding for each section should be considered separately, for only then can it be seen whether the stock held for a particular section is balanced by sales, and whether the cost of stock holding is justified by its profitability.

The basic aim of stock control is to keep the amount of money tied up in unproductive stock as low as possible, freeing capital for more effective use.

If the stock levels are too low, you will be frequently out of stock. You will not make a sale and customers will develop a negative impression of your pharmacy. If you have too much stock there will be losses from breakages and lost sales from stock going out of date.

Storage

Figures suggest that the average cost of stock sitting in the stock room can be as high as 26 per cent of its value. This is made up from a number of different elements:

- loss of interest on capital tied up in stock
- the allocation of rent, rates and heating to the stock room area
- the cost of maintaining the stock room and keeping it tidy
- losses through deterioration and breakages
- loss of productive capacity.

The greatest loss of potential profit occurs in the stock room - you do not sell stock here.

Ordering – in the shop

"You should only buy what you can sell". It is surprising how often this simple adage is ignored.

When an order is placed keep a record and ensure that other staff are aware that it has been placed. This prevents double ordering, and when the stock arrives allows it to be checked against the order.

There is a more important point here. Stock that is not selling blocks your shelves from stock that would sell. Having invested in slow moving stock the pharmacy turnover is stymied.

Setting a minimum stock level can be difficult. It will depend on how fast moving the product is and how long it will take to get the item back into stock. A system of re-ordering that is based on ordering only when staff find no stock on the shelves is highly inefficient.

Sales trends will identify changing patterns of sales and allow any necessary action to be taken in revising stock holding. There are two basic patterns of demand – constant and variable, relating to items subject to seasonal fluctuations, or an advertising campaign.

Demand levels should be reflected in two types of stocking policy: one where there is a constant re-order level, re-order quantity and where order period remains constant, and the other where these values will need to be adjusted constantly.

Ordering – in the dispensary

The most costly stock in a pharmacy is in the dispensary. Here special considerations apply and it is necessary to study the position carefully before attempting to apply general stock control methods.

Stocks of medicines and dressings must be adequate to meet prescription demand. Stock control should help to keep dispensary stock in perfect condition and, in particular, aim to avoid dead stock. Seasonal variations in the type of illness affects demand, as does changing patterns of prescribing due to the introduction of new drugs.

There is a stock ordering facility on all pharmacy computer systems which, using cumulative usage figures, estimates what should be held in stock to satisfy one month's demand.

It is important to establish a clearly defined re-ordering policy for dispensary medicines. This responsibility should be with the pharmacist or technician. Shelves should be checked every three months to identify non-moving medicines.

Reception of orders

Do not allow unsaleable stock into the pharmacy. Apply this rule to both the dispensary and the front shop. Agree with your staff a simple but effective SOP such as:

"A delivery note or invoice will accompany all goods received in the pharmacy. The member of staff that acknowledges receipt of the goods, either by signing a delivery docket or speaking with the delivery person, will then be responsible for ensuring that this SOP is complied with. The goods are checked against the delivery note or invoice. A tick will be placed against the name of the item where the order is correct. The following is checked: name, pack size and number of items. The delivery note/invoice is signed and dated by the responsible member of staff. Where the goods are checked off against a delivery note this note will be retained on a clip in the dispensary solely for delivery notes. The delivery note will remain on this clip until the corresponding invoice is received. It will then be checked against the delivery note to confirm all goods received have been invoiced. Having done this the delivery note will be destroyed. Invoices will be put in a tray in the dispensary kept for the sole use of invoices and credit notes. Where an error is found (wrong size, price or item absent) the member of staff who identifies the discrepancy will be responsible for contacting the supplier to rectify the discrepancy. A note will be written on the delivery note/invoice of action taken and expected process. When the goods are corrected this note will be amended and signed."

This is a simple, yet important aspect of stock control. Compliance can be surprisingly poor and unless checks are made staff will opt for an easier route of simply putting goods onto shelves.

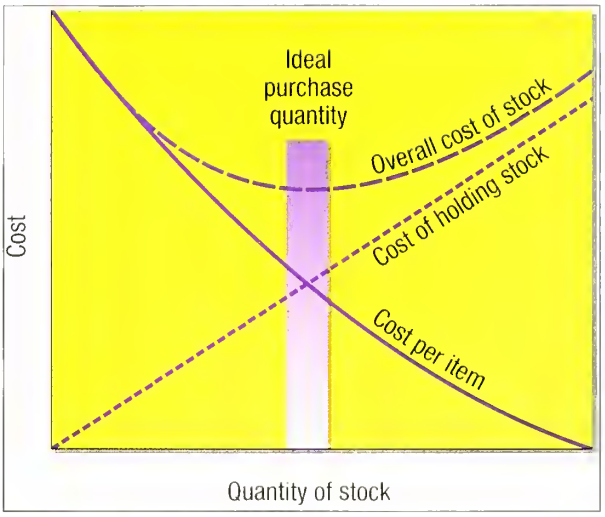


Figure 1: Relationship between re-order quantity and cost

Pricing

Customers only point out stock that is priced too high – they never find stock that is priced too low! An EPoS system, where pricing is linked to barcodes, can save a significant part of its cost through identifying wrongly priced goods.

Again, a simple SOP for pricing ensures that staff in a hurry don't cut corners. Clearly this is for a pharmacy that has yet to introduce an EPoS system:

"All goods for sale in the pharmacy, before display on shelves or storage in the store or dispensary, must be priced. Where a retail price is provided on the supplier's invoice this price will be used. Where a retail price is not provided then the unit price will be calculated by the scheme in place. Prices will be attached to each item using adhesive price tags. In addition to the price, the tag will contain a staff member code so that the pricer can be identified if the price is found to be incorrect. The pharmacy manager will be responsible for identifying the staff member code."

Return of goods

Goods that are returned will need to be credited through production of a credit note. Again an SOP helps:

"Where goods are to be returned, the procedure for return operated by the supplier must be complied with. A record of return will be retained in the pharmacy by way of an endorsement on the invoice and kept with the invoices until a credit note is received. All credit notes will be retained with the invoices."

Merchandising

To maximise profits from counter sales it is vital that attention is paid to layout and design. A well-merchandised shop will achieve a greater number of sales per client visit. Footfall is the technical term given to clients' visits. It is about how popular your pharmacy is.

The secret of improving turnover is in attracting more people to visit your pharmacy. Ensuring that shelves are well merchandised means customers make more purchases. A surprising number of purchases – around 40 per cent – are impulse buys that customers had not intended before arriving.

The inside of the pharmacy should be visible from the street. People find it easier to enter a shop that they can see into compared to a shop where the view is restricted by a window display.

You should ensure that items that are bought frequently are not all on the same gondola but are distributed throughout the shop. Ensuring that these items are not located together will mean that more clients 'shop the shop'. To appreciate the importance of merchandising consider the following research findings:

- 90 per cent of pharmacy sales occur without the assistance of staff
- 40 per cent of buying decisions are made in the pharmacy
- 28 per cent of first-time product purchasers see the product on display.

Product placement

Products that are displayed in a crowded fashion do not appeal to customers. Product displays should be bright and cheery. Manufacturers spend considerable time and money ensuring that their packaging creates the right impression. The front of the package – the product

Continued on page 42

facing – should be displayed.

There are a number of theories used to design product displays. One is the 'hot spot cross'. Customers generally stand in the middle of the section to view the products. At eye level in the centre of a display is the hot spot cross. The fastest-moving products should occupy this position.

Once you have determined what positioning a particular product deserves according to the hot spot cross principle, you have two major options with regard to shelf arrangement. These are termed vertical and horizontal placement or stripping.

With vertical groupings, different sizes of a product are placed on different shelves. The advantage of this format is that since the customer's eyes tend to travel from left to right, they will cast an eye over more of the product display. This format, however, does take up a lot of space. Consequently most pharmacies adopt a horizontal placing, where different sizes are placed side by side on the same shelf – largest to the right of the smaller size.

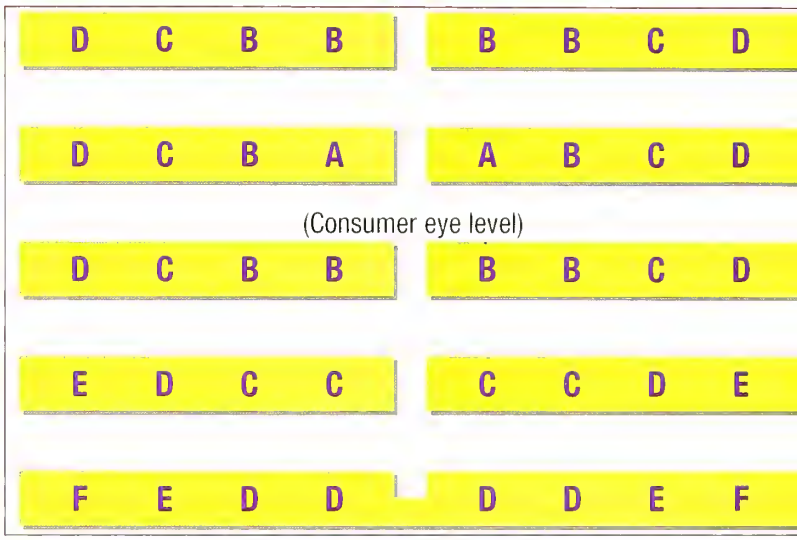


Figure 2: The hot cross spot, where product A is the fastest selling

Stock control systems

Visual control

In smaller businesses resources are not available to keep detailed records of stock. In such situations visual control is the only method available but as a business aid must be highly suspect. However, by keeping the stock tidy and fixed to one location in the shop and on a specific area of shelving it can be possible to roughly estimate stock levels.

EPoS The use of an EPoS system is by far the most efficient method of stock control. It does demand considerable time at installation, and time must be taken to analyse the data it produces, otherwise the investment is wasted.

Stock cards are a simple and adaptable aid. Their main disadvantage is the need to keep them up-to-date and to keep them in order. Due to the time involved in setting up a stock card index it is best to initially start with 20 per cent of the fastest moving stock with an objective of covering all counter stock within a year.

Going for growth

Merchandising strategies can reap big rewards, says Linda Clark

In today's marketplace, effective category management is essential for pharmacy retailing, according to Linda Clark, the brand co-ordinator for Vantage Pharmacy. Linda spent 14 years implementing store layouts at Marks & Spencer, and worked for John Lewis before coming to AAH.

"It is critical that pharmacies improve their service by providing customers with the products they want, in a position that is sensible and simple to find. Taking a more strategic approach to merchandising can reap big rewards by boosting non-prescription sales, increasing footfall and ultimately increasing turnover," she says.

"However, reacting to market changes and ensuring your pharmacy is laid out in the best way can be easier said than done, especially with increasing time pressures."

One of her biggest challenges in moving to pharmacies from a company like M&S, where layouts are similar in every store, was to produce planograms flexible enough to fit varying pharmacies and allow for local differences.

Linda and her team provide a range of category management services called 'Go For Growth'. The programme was developed to help increase sales and give pharmacists more time to devote to other critical areas such as medicines management. Pharmacists receive up-to-date information in an educational brochure and the support of a specialist merchandiser.

Each 'Go For Growth' brochure concentrates on a different category – skincare, babycare, coughs and colds, or smoking cessation – and provides information on products, brands, sub-categories, segmentation and purchasing trends. Planograms are also included as visual representations of the most effective ways to position categories within the pharmacy.

The Vantage merchandiser team works in pharmacies to help develop staff understanding of the importance of category management and to offer support and training. Merchandisers can also help with effective window displays to attract passing customers and encourage impulse purchases.

Linda Clark: "Taking a more strategic approach can ultimately increase turnover"

They will re-visit a pharmacy every eight weeks to work on new planograms. They also help pharmacists monitor sales to check any changes to store layout are successful and have an impact on profit. "Our pharmacists have experienced significant increases in sales volumes. A well-merchandised pharmacy combined with the personal service of a community pharmacist and well-trained staff is definitely a formula for success," says Linda.

Q Like many others, I've had a bad experience having invested with Equitable Life. It has made me think twice about entrusting any more of my money with investment companies. I've always been cautious with my money before, so can you tell me what type of investment could give me a reasonable return on my money without taking big risks and that I will be able to understand?
CV

A I'm sorry you have been caught up in the troubles with Equitable Life. There are some important basic rules that everyone should try to follow when choosing where to invest their money. I would suggest that one of them is, 'don't put all your eggs in one basket'.

Sharing your money between several companies will spread your risk and probably give you better protection under the Financial Services Compensation Scheme (FSCS) if something really goes wrong.

There is nothing wrong in investing in more cautious investments. It is important to still have a balance in the type of investment area or plan you use, so it would probably be wise to have a number of different plans to spread your risk.

There are several attractive plans that are aimed especially at the more cautious investor. Some are suitable for income, some for growth and a few can provide the opportunity for both.

These could include Distribution Bonds, With Profit Bonds, High Income Bonds, Corporate Bond Funds and Property Funds. You should take some independent financial advice first, not only to help you choose the correct plan, but also to give you information on the financial stability of the investment company chosen.

For a free *Guide to Cautious Investing* ring 0800 544 644.

Q I'm 56 and have recently been made redundant. I have paid into a personal pension plan with my last employer for the past 10 years. The employer also put money into the pension as well. I also have a personal pension from when I was self-employed for a time. Is it possible to take money out of these pension plans now to help me over the next few years? How would I go about this and will it affect the income I get from my pension?
KJ

A Yes, you can release some of your money now. The personal pension rules allow you to begin taking benefits once you are over 50. You can have up to 25 per cent of the money in your pension fund totally tax-free.

However, because you can only take the tax-free cash once from each pension plan it is almost always best to take the full amount available. If you need to maximise your income, you could reinvest this tax-free cash in a suitable income plan.

The rest of your pension fund must be taken as income which is taxed at your highest rate of tax. Tax-free cash is not available from any part of your protected rights fund, made up of benefits if you have been contracted out of the State Earnings Related Pension Scheme (SERPS).

If you take tax-free cash from your pension fund the income you receive will be less than if you did not take the tax-free cash. The income you receive now will probably be lower than in the future because the income from your pension fund is usually taken from an annuity, and the amount you get is usually lower the younger you are.

There are attractive alternatives to an annuity that would mean you could delay taking an annuity until later, but still have your tax-free cash now. These are not suitable for everyone because much of your pension fund will remain invested and subject to the day to day risks of the investment markets.

An independent financial adviser will be able to give you advice on the best way forward. For a free 32-page guide to all aspects of unlocking your pension ring 0800 544 644.

John Cooper is an independent financial advisor with Weston Financial Group Ltd, who are authorised by the Financial Services Authority. Answers given are for general guidance only, and specific advice should be taken before acting on any of the suggestions made. Past performance is not necessarily a guide to the future.

Quality, not quantity

Professor Ian Jones argues that what is needed is not an increase in the number of pharmacies but an increase in the quality of services

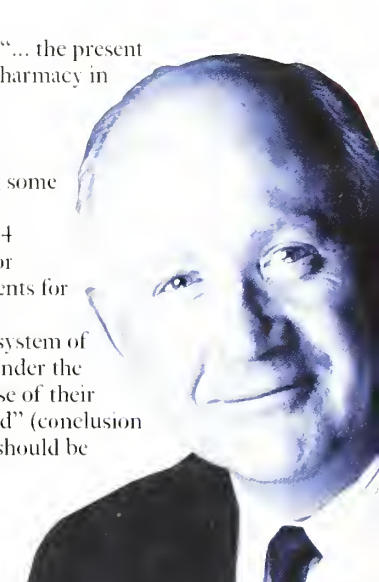
Objectively, implementation by the Department of Health of the Office of Fair Trading recommendation to remove control of entry regulations affecting retail pharmacy has to be considered most unlikely.

It makes no sense unless you are wedded to the interests of the expansion-driven multiples. It would, not surprisingly, give rise to considerable anxiety and uncertainty among independent pharmacy proprietors. The prospect of random opening of new pharmacies would be unwelcome and an unnecessary stimulus to intra-professional competition.

Corporate organisations that want to increase their number of outlets might prefer to accept the status quo rather than risk leapfroggers – independent or multiple – from opening pharmacies near their high-volume dispensing outlets.

To obtain an insight into this vexed issue, the history of the relationship of the providers of NHS pharmaceutical services with the DoH must be considered. Going back to 1981, at the Brighton British Pharmaceutical Conference, Dr Gerard Vaughan, the then minister of state for health, asked a rather startled audience where the future lay for general practice pharmacists.

This remark was an early step in the establishment two years later of the Nuffield Inquiry. Its report, published in 1986, made 26 specific recommendations regarding community pharmacy after considering "... the present and future structure of the practice of pharmacy in its several branches, and its potential contribution to healthcare".



While advocating a broadly enhanced clinical role for community pharmacists, some recommendations were radical and controversial. For instance, conclusion 24 recommended a reduction in payment for dispensing, and making "separate payments for other professional activities".

Nuffield also noted that "the present system of remunerating community pharmacists under the NHS contract acts counter to the exercise of their professional role and needs to be changed" (conclusion 9) and that "the number of pharmacies should be reduced" (conclusion 25).

Perhaps the key to the relevance of Nuffield to the OFT Report in 2003 is found in the government White Paper, *Promoting Better Health*. Published in 1987, within a year of Nuffield, the paper outlined the (then Conservative) Government's

programme for improving primary healthcare.

One section is particularly apposite: "The 'new contract' for NHS pharmacies is still relatively new and will need time to settle down. It will be reviewed in the light of experience to consider whether more competition is needed in the provision of services to the consumer. In the meantime the government will seek to build on the recommendation of the Nuffield Report" *(Section 6.7; Cm249, 1987)*.

So this document, published at the beginning of the control of entry procedures, advocated a review at some time in the future. Whether the DoH wanted the review now is debatable.

The Nuffield Committee of Inquiry was aware of the intention to provide control of entry and was supportive of its introduction. It is important to acknowledge that Nuffield was government initiated and government funded.

"Community pharmacy needs a stable base from which new services can and must develop"

It is not surprising, then, to read that the Government in 1987 was 'seeking to build on the Nuffield recommendations". In many ways that 'building' is still taking place.

For one thing the remuneration for dispensing on a per item basis has decreased in real terms over the past 10 years or so. The publication of the *NHS Plan* and the future role for pharmacy shows clear evidence of a government-backed drive to enhance the pharmacist's clinical role.

What has not happened is a reduction in the number of pharmacies! In 1985 the number quoted in Nuffield was 11,956. The count published in the OFT report was 12,250. If Nuffield is still alive in 2003 then it is clear that an increase in pharmacies is not in line with government policy.

A clear indication of relaxing control of entry is the expectation of a net increase in the number of pharmacies in at least the short term. For this reason alone, it is difficult to see the DoH supporting a return to the leapfrogging, pre-Nuffield, pre-new contract era.

A partial relaxation to enable pharmacies to open in the proposed walk-in health centres could be envisaged, and statements to this effect have already come from the Department.

No, what is needed is not an increase in the number of pharmacies – apart from exceptional circumstances in these special urban centres. What is needed is an increase in the quality of services provided from existing pharmacies.

Medicines management is the key development for improving the quality of NHS pharmaceutical services. The Government wants it and, indeed, the OFT in the foreward to its report stresses the importance of "high quality pharmaceutical services".

The health secretary, Alan Milburn, recently reported that he saw the community pharmacist as a clinical person as opposed to a retailer. According to *Pharmacy in the Future* and the *NHS Plan* the Government is investing a minimum of £30 million in medicines management in England. On the surface, at least, the DoH sees an important future for community pharmacy – as long as it is prepared to change to accept the challenge.

Community pharmacy needs a stable base from which new services can and must develop. It makes no sense for the DoH to fully support the OFT recommendations. Such a move would put back the development of medicines management for a decade at least. Progress in establishing added value to community pharmacy since Nuffield has been slow. Further delays would be counter-productive and not in the interests of patients, the pharmacy profession or the Government.

Should the Department adopt the OFT recommendations, it would suggest that the DoH has little genuine motivation for new clinical roles for community pharmacy.

The only sensible option is for the Department to reject the OFT recommendations except, perhaps, for allowing more flexibility in the granting of new contracts (or minor relocations) in walk-in centres.

Should pharmacy not respond positively to the need to establish new roles in the next few years – and pharmacy is seen merely as a supply function, then perhaps the OFT report would be more appropriate and inevitable.

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Salary Scale: £32,395 - £35,535 p.a. + 10 % Supplement

Pharmacist Grade D, Cancer Services -

with or without Emergency Duty Commitment (Full-time/Part-time/Flexible)

Ref No: 45713013.

Salary Scale: £28,753 - £32,395 p.a. + 10 % Supplement (+ £2,297 EDC Allowance)

Clinical Pharmacist Grade D, Specialist Services -

with or without Emergency Duty Commitment (Full-time/Part-time/Flexible)

Ref No: 45713014.

Salary Scale: £28,753 - £32,395 p.a. + 10 % Supplement (+ £2,297 EDC Allowance)

Temporary Pharmacist Grade D, Cancer Services -

with or without Emergency Duty Commitment (Full-time/Part-time/Flexible).

(Required immediately until 30.09.03 initially to cover staff on maternity leave)

Ref No: 45713016.

Salary Scale: £28,753 - £32,395 p.a. + 10 % Supplement (+ £2,297 EDC Allowance)

Temporary Pharmacist Grade D, Cois Implementation

- with or without Emergency Duty Commitment (Full-time/Part-time/Flexible)

(Required immediately for a period of 12 months initially)

Ref No: 45713017.

Salary Scale: £28,753 - £32,395 p.a. + 10 % Supplement (+ £2,297 EDC Allowance)

Membership of the Pharmaceutical Society of Northern Ireland or eligible for membership thereof is essential.

Please note that applicants for:

(1) Pharmacist Grade E post must have:
5 years posts registration experience in Pharmacy with a minimum of three years at Grade D or above or in community pharmacy management.

(2) Pharmacist Grade D posts must have either:
a) 3 years post registration experience in Pharmacy or
b) 2 years post registration experience in Pharmacy with a minimum of one years experience at Grade C

Closing Date: 11th April 2003 at 3.30 pm.

For further information please contact Mr Daryl Connolly, Pharmacy Department on (028) 71345171 ext 3408.

For application form and job description please send 10"x7" SAE quoting reference number to Personnel, Altnagelvin Area Hospital, Londonderry, BT47 6SB.

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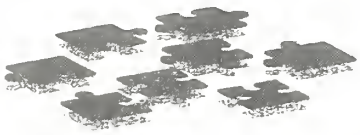

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Adrian Paddock

Adrian Paddock has been promoted to the role of financial director at OTC wholesaler Enterprise and shortline wholesaler Trident, both part of the AAH group. He has worked in the Enterprise finance team for over nine years, most recently as financial controller.

The World Self-Medication Industry has announced that Thomas Blinn has stepped down as chairman following his departure from Procter & Gamble for personal reasons. **Gary Balkema**, president of Bayer's Consumer Care Division, has been elected to succeed Mr Blinn and will formally assume the position at the WSMI board meeting in Cannes in June. In the meantime, immediate past chairman **Akira Uehara** will resume the role of chairman.

Biovation of Aberdeen, a member of the Merck KGaA group, has appointed **Dr Anita Hamilton** as vice-president, therapeutic antibody discovery.

Wilex AG in Munich, a biopharmaceutical company developing novel cancer therapies, has appointed **Dr Paul Bevan** as head of research and development and a member of its board from April 1. Dr Bevan was formerly research director of Xenova Therapuetics and a member of Xenova Group's executive board.

A single step starts a major journey

Chairman Mao started his cultural revolution with that old Chinese proverb: "A journey of a thousand miles starts with a single step."

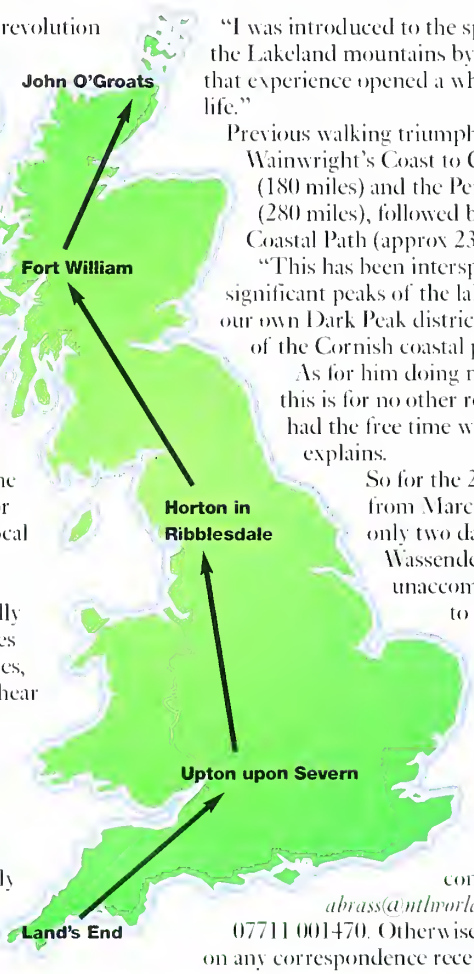
For "semi-retired" pharmacist Andrew Brass, that journey is about to begin. Whether he will be taking his Little Red Book along with him for inspiration is not known, but the scenery along the way from Land's End to John O'Groats should be inspiration enough.

Andrew will be stepping out on his 1,132.5 mile end to end walk "alone and unsupported" at the end of the month to raise money for two charities – the RNLI and his local hospice, Kirkwood Hospice in Huddersfield.

The walk is being promoted locally by fundraisers from the two charities and also by Kirklees Leisure Services, but Andrew would be delighted to hear from anyone else who would like to sponsor the walk.

He says his sporting activities have always been low key – rugby league at Bradford University and squash since then.

"My interest in walking came only when, after selling my company [in 2000] I had some truly free time for the first time ," he says.



"I was introduced to the spectacular delights of the Lakeland mountains by a good friend and that experience opened a whole new chapter in my life."

Previous walking triumphs include Alfred Wainwright's Coast to Coast walk in August 2002 (180 miles) and the Pennine Way in May 2002 (280 miles), followed by the Pembrokeshire Coastal Path (approx 230 miles) in September.

"This has been interspersed by all the significant peaks of the lakes many times over, all of our own Dark Peak district and a good proportion of the Cornish coastal path."

As for him doing most of the walks solo, this is for no other reason than that he has had the free time while others have not, he explains.

So for the 25.7 miles a day average, from March 30 to May 14 (taking only two day's break halfway at Wassenden Head) he will be unaccompanied, giving him time to reflect on his statement: "This walk simply seems to be the natural extension of my perhaps obsessive walking and the prospect of it fills me with excitement, delight and some apprehension."

Andrew can be contacted via e-mail at *abrass@nthworld.com* or on his mobile 07711 001470. Otherwise, we will be happy to pass on any correspondence received at *C&D*.

Just doing my job, says hero

The extended role of community pharmacy took on a new aspect last week – that of potential life-saver and community warden.

Two Manchester patients have been recovering thanks to the vital intervention of the delivery man of Colman's Chemists in Beswick, which operates a prescription delivery service. On his rounds, driver Ian Fitzsimmons could not get an answer from OAPs Fred and Edith Cawood who required a weekly Medidose delivery. He later returned but again was unable to contact the couple: the phone was off the hook and the light was still on.

After discussions with Elaine Scott-King, the dispenser, it was agreed to call the police. In the meantime Ian contacted Mr Cawood's sister, a keyholder, and together they entered the home just before the police arrived.

Mrs Cawood was found in a heap at the bottom of the stairs, while her husband was in the kitchen collapsed next to the stove. Both were taken to hospital. Fred has since been discharged after treatment for a sugar crash. Edith, however, is very seriously ill in the stroke unit at Manchester Royal Infirmary.

Colman's is an independent pharmacy serving an area of Manchester that, for years, was totally run down. However, the Commonwealth Games brought new urgency to regeneration and investment. The community pharmacy operates its domiciliary care service within a five-mile radius from the precinct shop. It offers medicine management to a population that has above average numbers of infirm, aged and low-income families. Using an integrated model, the team can assess and monitor patient's health, so as to alert the pharmacist and doctors to any health concerns quickly. Patients are often also contacted by phone to ensure everything is in order.

Dispensary manager Barry Fitzgerald told *C&D*: "Naturally we are all pleased by the effective rapid response. We also hope that Mrs Cawood quickly improves. This reinforces our position as a community pharmacy serving local people."

Bev Turner and Richard Tunnicliffe from AAH Pharmaceutical's Nexus Point branch in Birmingham have been awarded the joint title of 'Assistant branch manager of the year'. Operations director Mark James said: "Nexus Point has performed brilliantly throughout the past year, continually improving its service to customers, supporting branches across the country and, on top of all this, achieving ISO accreditation. Congratulations go to Richard and Bev on their much-deserved award"

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